

COUNTY BOROUGH OF BRIGHTON.



Annual Report
OF THE
MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1915.

DUNCAN FORBES, M.D., B.Sc., D.P.H.

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MEMBERS OF THE STAFF OF THE HEALTH DEPARTMENT NOW SERVING
IN THE ARMY.

Department.	Name.	Position on Staff.	Corps in which now serving.	Rank in Corps.
Health	Dr. Cox	Tuberculosis Officer	R.A.M.C.	Lieut.
"	H. J. Newman	Asst. Inspector	A. S.C.	Staff Sergt.
"	C. E. Greenfield	Ditto	Sussex Yeomanry.	Sergt.
"	J. Sharp	Ditto	Royal Defence Corps.	Private.
"	W. H. Watts	Ditto, and Clerk at Abattoir.	R.A.M.C.	Lce.-Cpl.
"	A. E. Turner	Clerk	A.S.C.	Private.
"	L. Grutchfield	Ditto	Middlesex Cyclists.	Private.
"	T. Back	Workman	R.A.M.C.	Lce.-Cpl.
Sanatorium	Dr. Adam	House Physician	R.A.M.C.	Lieut.
"	A. Vigar	Laboratory Attendant.	Sussex Yeomanry.	Lce.-Cpl.
"	A. Franks	Asst. Engineer	R.A.M.C.	Lce.-Cpl.
"	A. Homewood	Porter	A.S.C.	Private.
"	H. Postlewaite	Ditto	R.E.	Trumpeter.
"	M. Quelch	Ditto	R.A.M.C.	Private.
"	C. Coney	Ditto	R.A.M.C.	Private.
School Medical Staff.	Dr. Adamson	Junior School Doctor	R.A.M.C.	Lieut.

PREFACE.

TOWN HALL, BRIGHTON.

June 7th, 1916.

To the Brighton Town Council.

GENTLEMEN,

I beg to present herewith my Report on the work of the past year.

Of the 17 members of the male staff of the Health Department in July 1914, seven are now on active service ; similarly, at the Sanatorium, of seven, six are on active service. Although temporary assistance has been secured, it will be seen that, at present, we are working with a much reduced staff.

Not only has the war reduced our staff, but it has added to the work in other ways, for instance, at the Sanatorium, cases of infectious disease from the surrounding camps, including Shoreham, Seaford, Newhaven, Crowborough and Maresfield, are received, and a large amount of disinfection is done for the Military Authorities ; from the Health Department a large number of billets have been inspected ; at the Abattoir a special slaughter house was built for the Indian troops.

Under the circumstances only absolutely necessary work has been undertaken.

I have to thank the members of the Health Committee and the Children's Care Sub-Committee for the time and attention which they have devoted to the important work of my Department.

I am, Gentlemen,

Yours obediently,

DUNCAN FORBES,

*Medical Officer of Health and
School Medical Officer.*

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Area, 2,536 acres.

Inward transfers, 22; outward transfers, 10.

No. of illegitimate children, Total, 192	{	males, 99.
	{	females, 93.

Infantile Mortality, 97 per 1,000 { the number of deaths under 1 year was 218, of these 21 were of illegitimate children.

Deaths, 2,108 { males, 981.
 females, 1,127.

Inward transfers, 189; outward transfers, 197.

Death Rate corrected for sex and age constitution, **16.20** ($17.82 \times .9092$).

Total Dying in Hospitals :—

Deaths in Private Houses, &c.	{	Residents dying away from Brighton, 38.
	{	Deaths of Visitors to Brighton, 83.

POPULATION.

*These deaths are NOT included in the total 2,108, or other figures on this page.

INFANT WELFARE.

(For scheme see report for 1914.)

THE MIDWIVES ACT, 1902.

According to the register there were 18 midwives in private practice. Of the midwives who are practising—six have passed a qualifying examination 12 were in practice at the passing of the Act in 1901; of the latter three are illiterate.

During the year all the registered Midwives have been visited; 100 visits were paid.

In December a midwife had her name removed from the roll, having been convicted of illegal practices.

The Lying-in Hospital, West Street, is one of the institutions approved as a training school under Section C of the Rules of the Central Midwives Board. During 1915 35 midwives were trained at the institution, and 32 of these obtained the certificate of the Central Midwives Board. The pupils are instructed by the Honorary Surgeons, Matron and District Sisters. Of 2,247 births occurring in Brighton, 870 were attended from the Women's Hospital, West Street. The charge for the first confinement is 10s., for later confinements 6s. The very poorest class do not book with the Women's Hospital.

Number of cases occurring in 1915, in which the Midwife advised that a Registered Medical Practitioner should be sent for (Rule E. 18).

Medical aid called in on account of the following causes, as stated by the Midwife.	Private Cases.	Outside Cases in connection with Women's Hospital, West Street.
<i>Pregnancy—</i>		
Abortion	—	4
Ante-Partum Hæmorrhage	1	1
<i>Labour—</i>		
{ Placenta Praevia	—	—
{ Twins	—	—
{ Prolapse of Cord	—	1
{ Face	—	—
{ Impacted Breech	1	—
{ Obstructed Labour	2	4
Delay in Labour	3	9
Rupture of Perineum	2	9
Post Partum Hæmorrhage	1	1
Adherent Placenta	1	—
<i>Lying-in Period—</i>		
Rise of Temperature	—	9
Other reasons connected with mother	3	5
<i>Condition of Infant—</i>		
Weakly Infant	6	20
Still Births	5	14
Conjunctivitis	15	5
Preparation of Body for Burial	1	1
Totals... ..	41	83
Totals, 1914	35	112

PUERPERAL FEVER.

During the year, two cases of puerperal fever were notified, neither of whom died. The table given below records the more important points regarding these cases :—

No. in Register.	Age.	Dates of		Attended by		No. of Previous Labours.	Removed to Public Institution.	Remarks.
		Onset.	Notifi- cation.	Mid- wife.	Doc- tor.			
1	28	May 20	May 22	—	+	None	—	Apparently due to gonorrhœal infection. The baby also suffered from ophthalmia neonatorum.
2	34	Oct. 14	Oct. 14	Abortion on Oct. 6th.		4	Infirmery	Discharged on Nov. 25th.

OPHTHALMIA NEONATORUM.

Twenty-three cases of this disease were notified, fifteen of these were notified by midwives. Fortunately, no permanent loss of vision resulted. All the patients were attended by private practitioners.

NOTIFICATION OF BIRTHS (see page 54).

THE FEEDING OF INFANTS.

Apart from visits <i>re</i> diarrhoea	{	The total number of visits to infants by					
		Health Visitors-					9017
		The total number of infants born during 1915					
		visited					1163
		Average number of visits paid to each					
		infant					8

Of 1,028 babies born from July, 1914—July 1915, inclusive, and who were visited until 10 months of age.

Entirely suckled for	8—9	months	504	49	}	60
"	"	"	7—8	"		
"	"	"	6—7	"		
"	"	"	5—6	"	}	15
"	"	"	4—5	"		
"	"	"	3—4	"		
"	"	"	2—3	"	}	24
"	"	"	1—2	"		
"	"	"	0—1	"		
Bottle from birth,			11	1		1
			1028			100

INFANT WELFARE CENTRES.

(a) Medical care and treatment.

At two centres in Brighton mothers met once weekly, and a doctor was in attendance. There are now four centres.

(b) Other forms of work.

All parents of children up to the age of 18 months receive a circular letter regarding diarrhoea early each August.

(5) STATISTICS FOR THE 12 MONTHS ENDED 31ST MARCH, 1916 :—

Wellington Road.		The Pelham Institute.	
(a) No. of individual		No. of individual	
mothers,	78	mothers,	67
infants,	94	infants,	71
Other children under		Other children under	
school age,	78	school age,	32
(b) Total number of attendances of			
mothers,	764	mothers,	685
infants,	780	infants,	685
Other children under		Other children under	
school age,	301	school age,	159
(c) Number of homes visited,	1,163.		
(d) Total number of visits,	10,229.		

Food was supplied to 39 nursing and expectant mothers. For the twelve months ending 31st March, 1916, £54 3s. 4d. was spent in this manner :—

Oatmeal	...	...	...	...	...	£3	4	6
Milk	...	...	...	...	...	49	14	6
Dinners	...	...	...	...	...	1	4	4

Summary of Health Talks and Lectures by Miss Palmer :—

<i>To whom.</i>	<i>Place.</i>	<i>Time.</i>	<i>Number given.</i>
St. Paul's Parish ...	Russell Street ...	Afternoon ...	2
White Ribboner Temperance ...	Florence Road ...	Afternoon ...	3
St. Albans Parish ...	Coombe Road ...	Afternoon ...	6
Queen's Square Congregational ...	Queen's Square ...	Afternoon ...	6
Home Training School ...	St. George's Place ...	Afternoon ...	2
St. John's, Preston ...	Knoyle Road ...	Afternoon ...	3
Lewes Road Congregation ...	Lewes Road ...	Afternoon ...	7
SS. Mary & Mary Magdalene ...	Bread Street ...	Afternoon ...	3
Red Cross Society ...	North Road ...	Evening ...	6
Education Committee ...	Circus Street ...	Evening ...	22
Education Committee ...	Central Schools ...	Evening ...	30
Total			90

INFECTIOUS DISEASES.

Particulars regarding certain infectious diseases for the year 1915 are given in the following table :—

	Total.		Per 100,000 population of 1914.		Number of deaths per 100 cases notified.	Percentage of notified cases treated in hospital.
	Number of cases.	Number of deaths.	Number of cases.	Number of deaths.		
Scarlet Fever ...	217	2	162	1·5	·9	90
Diphtheria ...	119	3	89	2·2	2·5	87
Enteric Fever ..	19	2	14	1·5	—	*84
Measles ...	—	14	—	10·0	—	—
Whooping Cough	—	40	—	30·0	—	—

* Four cases were treated at the Royal Sussex County Hospital.

A list of the schools closed on account of the prevalence of the diseases mentioned above is given on page 53.

DIPHTHERIA IN SCHOOLS.

During 1915, 149 throats and noses were swabbed, three of these had positive swabs from both nose and throat, two had positive swabs from nose, three from throat, thus *five per cent of the home contacts were proved to be carriers of morphologically typical diphtheria bacilli.*

Class examination. 48 children were thus examined, the five nose swabs taken gave negative results.

ENTERIC FEVER.

Of the 19 civilian cases three proved not to be enteric fever ; eight were imported ; five were due to personal infection ; in one case there was a history of eating mussels ; in the two remaining cases no history of infection could be traced.

PUBLIC HEALTH (SHELL-FISH REGULATIONS), 1915.

These regulations give Local Authorities the power to prohibit the distribution for sale *for human consumption* of shell-fish brought from layings known to be dangerously polluted, unless the shell-fish have been relaid for such period as the Local Authority, on the advice of their Medical Officer of Health, may direct. The weakness of the Regulations, so far as Brighton and other coast towns are concerned, is that large quantities of mussels are sold for bait in those localities. The persons who gather the mussels and the persons who sell the mussels to the consumers may both say that the mussels were intended for bait. In a recent case the salesman did not warn the buyer nor did he label the mussels "for bait only" still he held that he quite thought that the mussels sold were to be used for bait. It should be possible to insist on mussels for bait being prominently labelled as such. It is really undesirable that mussels for bait and shell-fish for food should be sold from the same shop except the mussels come from uncontaminated sources.

MEASLES AND WHOOPING COUGH.

The usual tables are given on page 53.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

(Also see Appendix I. page 55)

I.—Total cases notified from civilian population	...	...	39	
Of these two were proved not to suffer from the disease	...	...	2	
One case was sent back from a hospital to the outside district from which it had been admitted	...	...	1	
A baby died at home from a suspicious illness	...	...	1	
II.—Cases proved bacteriologically	...	...	35	
Of these	{ in the Sussex County Hospital	...	1	} 19
there died	{ in Brighton Sanatorium	...	16	
	{ at home	...	2	
Percentage mortality in proved cases	...	...	54	

Cases admitted to the Brighton Isolation Hospital.

		Deaths.	Mortality per cent.
Civilian Cases	*33	16	48
†Military Cases	24	12	50
Total	57	28	49

* Two cases were admitted from outside districts.

† Military Cases—19 military cases were admitted to the Isolation Hospital from outside districts, four from billets in Brighton and one from Preston Barracks. Fifteen suspected cases were also admitted, who were proved not to suffer from the disease, four of these suffered from tuberculous meningitis. Two Indians were nursed at the Kitchener Hospital and recovered. One death occurred at the Lewes Crescent Military Hospital.

ACUTE ANTERIOR POLIOMYELITIS.

Report to Local Government Board (see appendix page 60).

INFANTILE DIARRHOEA.

During the year, 28 children under two years of age died from summer diarrhoea, the death rate being .21.

In July of last year 1,500 copies of a pamphlet on flies were sent to many of the Headmasters of Boys' and Girls' Departments of the Elementary schools. Object lessons were given to the scholars after which they received copies of the pamphlet.

The usual circular letter was sent to 2,000 homes in which births had occurred during the previous 18 months.

TUBERCULOUS DISEASES.

The table below gives statistics in relation to pulmonary tubercle :—

Year.	PHTHISIS.								Treatment at Dispensary.					
	Annual No. of deaths.	Rate per 100,000.	No. of new cases notified.	No. of cases re-notified.	New cases noti- fied per 100,000 of population.	Total No. of cases admitted to the Borough Sanatorium.	No. of cases re- admitted to the Sanatorium.	Average stay in Hospital in weeks.	Total weeks in Hospital.	Total patients.	New patients.	Total number of attendances.	No. receiving tuberculin injections.	No. of tuberculin injections.
1912	131	99	352	220	266	104	31	16.5	1702	54	38	959	54	959
1913	153	113	370	180	278	164	19	12.9	2118	89	62	2300	89	2300
1914	164	122	288	211	215	172	30	14.2	2439	138	72	2282	81	1772
1915	177	132	339	395	253	136	21	20.3	2764	122	56	3094	85	1636

PARTICULARS AND AGES OF TUBERCULOSIS CONTACTS
EXAMINED DURING 1915.

Result of examination.	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	Totals.	
Not Tubercular ...	—	6	13	10	4	3	3	3	42	Contacts exam- ined by Tuber- culosis Officer.
*Under Observa- tion ...	—	1	3	1	1	—	1	—	7	
Tubercular ...	—	—	—	—	1	—	—	1	2	
Not Tubercular ...	—	4	33	28	—	—	—	—	65	Contacts exam- ined by School Doctor.
*Under Observa- tion ...	—	—	—	1	—	—	—	—	1	
Tubercular ...	—	—	—	—	—	—	—	—	—	
Totals ...	—	11	49	40	6	3	4	4	127	

* Still under observation with diagnosis in view.

X-RAY DIAGNOSIS OF TUBERCLE.

During the year 99 photographs were taken.

Dental treatment. The dental treatment of tuberculous patients at the Sanatorium has been of great assistance in their cure. Several patients attending the Dispensary have received dental treatment through the Hedgcock Fund.

SUMMARY OF DENTAL WORK AT SANATORIUM, 1915.

		EXTRACTION			SCALING.		FILLING.	DRESS- ING.	GRIND- ING.
		Anaesthetics	No Anaesthetics		Upper	Lower			
		General	Local						
Men	...	—	56	8	7	11	37	50	1
Women	...	6	27	—	5	5	18	22	—
Boys	...	—	3	—	2	2	6	6	—
Girls	...	—	—	—	—	—	—	—	—
		6	86	8	14	18	61	78	1

THE CARE OF CONSUMPTIVES.

The following are the amounts of money from the Hedgcock Bequest expended during the year in the home care of the consumptives :—

Better housing by assistance with rent	...	...	£226	6	6
Food other than milk	...	...	189	0	5
Milk	...	...	99	16	8
Oatmeal	...	...	1	12	10
Providing dinners	...	...	0	14	2
Clothing	...	...	1	3	5
Boots	...	...	1	9	1
Arrears of Insurance Stamps paid to allow patient to have disablement benefit	...	...	6	0	0
Extra nourishment whilst waiting to go into a Sanatorium outside Brighton	...	...	2	5	0

Looking after families whilst mothers in Sanatorium	£5	14	0
To provide extra food for families whilst fathers in Sanatorium	6	15	0
Maintenance of children (whose parents both died from phthisis) whilst waiting to go into orphanage ...	5	5	0
Providing nursing and attention for patients ...	5	3	0
Help for holidays in Country	3	4	11½
Expenses in removing from one house to another ...	1	5	0
Help towards buying pony	5	0	0
Special truss	0	5	0
Fee for tuition in learning to drive motor	2	10	0
Queen's nurses for nursing insured phthisis patients	13	18	8
3 doz. vests for Sanatorium patients... ..	3	10	6
	£580	19	2½

In addition to the above, 17 bedsteads with bedding were loaned to enable the several patients to sleep alone. Six blankets were also lent.

Details of notification during 1915 :—

	Phthisis.		Other Tubercular Diseases, from 1st February, 1913.	
	Primary Notification.	Re-Notification.	Primary Notification.	Re-Notification.
<i>In Private Practice</i> ...	221	37	47	5
<i>In Public Practice—</i>				
In-Patients' Hospitals and Sanatoria ...	24	15	10	2
In-Patient's Borough Sanatorium ...	—	250	—	33
Out-Patients' Departments and Dispensaries	30	10	18	2
Asylum	13	—	1	—
Poor Law Service ...	21	78	5	3
School Service ...	1	5	19	3
Public Health Service...	27	—	11	—
By Patients ...	2	—	—	—
Total ...	339	395	111	48

MIGRATION OF CONSUMPTIVES.

Of the cases notified in 1915, 64 were already ill when they came to Brighton. The year of their coming to Brighton is noted below :—

1913	...	...	...	...	...	...	4
1914	...	...	...	...	...	...	12
1915	...	...	...	...	...	...	48

On enquiry, it was found that 13 persons already suffering from phthisis came to reside in Brighton during 1914 and 1915, and died during 1915. These deaths were all credited to Brighton, although some of these persons had only been resident in Brighton for a few weeks.

Disinfection was carried out as follows :—302 rooms were sprayed; in 113 instances rooms were stripped, cleansed and whitewashed; in 228 cases the bedding and clothing were disinfected by steam.

Deaths occurring in Public Institutions.—56 cases died in the following institutions :—16 in the Brighton Workhouse ; 1 in the Shoreham Workhouse ; 12 in the Brighton Borough Asylum ; 2 in the Royal Sussex County Hospital ; 3 in the Children's Hospital ; 21 in the Sanatorium and 1 in the Leicestershire and Rutland Asylum.

TUBERCULOUS JOINT CASES.

A ward was opened for tuberculous joints in April, 1910. During that year 12 patients were admitted ; in 1911, 4 ; 1912, 11 ; 1913, 3 ; 1914, 3 ; and 1915, 6, making a total of 39 admissions..

Hip disease.—19 cases have been admitted. Ten have been discharged cured—of these eight had either good or fair hip movement, and two had ankylosed hips. Of the remaining nine cases, one had not tuberculous hip, but suffered from a rheumatic affection, and was discharged cured ; two on admission were found to suffer from abscess, and were discharged, two developed abscess in the Sanatorium, and were transferred to hospitals for operations, one of these returned later ; and one case was discharged four weeks after admission, as the parents were leaving Brighton. Five remained in the Sanatorium.

Spine—16 cases were admitted, and one of these was discharged and was re-admitted. Four of these suffered from spinal curvature, and not from tuberculous disease. Two had abscesses on admission ; one of these was at once discharged and the other died in hospital. One is still in the hospital. The remaining nine cases have been discharged cured, with no increase of the deformity.

Knee—Five cases have been admitted. On discharge two shewed no improvement, one developing abscess, two were cured, one was partially ankylosed.

OTHER FORMS OF TUBERCULOSIS.

During 1915 thirteen patients were admitted suffering from other forms of tuberculosis.

TUBERCLE BACILLI IN MILK.

(8.77 per cent. of the samples infected).

During the year 1915, 57 primary samples of milk were examined at the Lister Institute for the presence of tubercle bacilli. Five, or 8.77 per cent., were found to contain tubercle bacilli.

In consequence of the five positive results, five farms situated outside the County Borough were visited, and 229 cows were examined by the Veterinary Inspector. Seventeen cows were suspected to be suffering from tuberculosis of the udder, samples of the strippings were examined from each cow, but in one only was the presence of tubercle bacilli detected. As the farmer in this instance ceased to supply milk to Brighton, we were unable to trace what became of the deceased animal, but the matter was reported to the Medical Officer of Health for the district.

Of the sixteen suspected cows of which the milk gave negative results, six were sold at market for butchering, two were sent direct to the Abattoir and slaughtered, and eight we were unable to trace. The udders of the two cows slaughtered at the Abattoir shewed non-tubercular abscess. To ascertain

whether or not the milk from the four remaining farms still contained tubercle bacilli, seven samples were taken; the milk from each farm was found still to give tubercle bacilli.

The result of our endeavours to free the herds from tuberculous milk-giving cows was so discouraging that further effort was abandoned. It seems useless to re-continue the work until local authorities are given greater control over herds known to supply tuberculous milk. In the four weeks which elapse between the taking of samples and the return of the results, suspected cows may be sold by the farmer; and even, if at the time of the Veterinary Inspector's visit a cow is suspected and its milk taken for testing, it may be sold and lost trace of. Not only so, but since the suspension of the Tuberculosis Order in August, 1914, when a cow is known to have a tuberculous udder, the cow cannot be compulsorily slaughtered; the farmer has simply to separate it and not mix its milk with that of the general herd. To insure the latter condition being complied with is quite beyond the power and outside the province of a Sanitary Authority.

Apart from the establishment of tuberculosis free herds, which would repay the cost within quite a reasonable time, leaving out of account altogether the lessening of the human death rate, the problem seems almost hopeless. It does not appear that the proposed new legislation will assist materially.

During the period under review our endeavour to eliminate tubercle bacilli from the milk supply has cost £61 19s. 5d.

Lister Institute, 86 specimens at 11s. 6d.	...	...	£46	11	6
Expenses, visits to Farms	...	...	3	14	1
Veterinary Surgeons fees	...	...	11	0	6
Postage of specimens	...	...	0	13	4
Total			£61	19	5

BOROUGH ISOLATION HOSPITAL.

The following table shews the number of cases admitted to, treated at, and discharged from the Sanatorium :—

	Number of Patients admitted suffering from the following Diseases :—												Fulking Grange.
	Scarlet Fever.	Enteric Fever.	Measles.	Diphtheria.	Cerebro-Spinal Meningitis.	Admitted suspected of Cerebro-Spinal Meningitis.	Infantile Paralysis.	Emaciated Infants.	Phthisis.	Other Tubercular Diseases.	Other Diseases.	Total in Sanatorium.	Small Pox.
Remaining in Sanatorium Dec. 31st, 1914	44	—	1	38	—	—	—	—	47	7	—	137	—
Admitted to Sanatorium during 1915...	233	12	71	146	57	24	1	3	136	20	30	733	—
Total number treated	277	12	72	184	57	24	1	3	183	27	30	870	—
Number discharged ...	239	10	72	168	25	24	—	—	114	13	27	690	—
Died in Sanatorium ...	3	2	—	4	28	—	—	—	21	8	2	71	—
Remaining in Sanatorium Dec. 31st, 1915	35	—	—	12	4	—	1	3	48	6	1	109	—

Of the above cases, 3 of scarlet fever and 14 of other diseases belonged to the Sanatorium staff; 1 suspected case of phthisis was admitted from the Warren Farm; 24 cases of cerebro-spinal meningitis, 14 cases of suspected cerebro-spinal meningitis, 36 cases of scarlet fever, 1 of enteric fever, 21 of diphtheria, 69 of measles, and 14 other diseases were Military patients. Two civilian cases of cerebro-spinal meningitis were admitted from districts outside Brighton; 2 suspected cases of cerebro-spinal meningitis were admitted from Newhaven, and 1 case of diphtheria was admitted from Newhaven Rural District.

No charge is made for Brighton residents (Poor Law patients excepted) treated in the general wards. Other charges made during the year are as follows:—

	Charges for Maintenance.	Charges for Disinfection, Horse Hire, etc.	Total.
	£ s. d.	£ s. d.	£ s. d.
Brighton Guardians ...	30 12 1	—	30 12 1
Newhaven Rural District	29 0 0	—	29 0 0
Military	1356 17 1	69 15 6	1426 12 7
Private Patients	90 11 9	17 3 7	107 15 4
	1507 0 11	86 19 1	1594 0 0

The table on page 21, prepared by the Borough Accountant, shews the expenditure for the year on the two hospitals. The total number of weeks spent by all the patients in the Sanatorium was 6523, as compared with 7780 in 1914. Of the total in 1915, scarlet fever patients spent 1763 weeks, diphtheria patients 838 weeks, enteric fever patients 77 weeks, and phthisis patients 2764 weeks, patients suffering from tuberculous joints 436 weeks, children suffering from wasting 56 weeks, and patients suffering from other diseases 589 weeks.

RETURN CASES OF SCARLET FEVER.

After the return of 8 scarlet fever cases from hospital, 9 cases of scarlet fever occurred in their homes. See inserted sheet.

In the last seven years in 99 homes (3·97 per cent.), to which 2,496 hospital cases returned, further cases occurred within one year. Excluding 24 cases, in which the interval between the discharge of the primary case and the onset in the return case was six weeks or over, the number is reduced to 75, or 3 per cent.

During the same seven years, 382 cases of scarlet fever have been nursed at home, and 14, or 3·7 per cent., gave rise to return cases after they had been certified as free from infection.

The following table gives information regarding the intervals of time elapsing between the discharge from hospital of the primary case and the onset in the return case :—

1915.	Days.							
<i>Intervals between</i>								
(1) discharge from Hospital and onset return case	2	2	4	9	9	14	19	187
(2) onsets in primary and return cases	113	40	61	40	49	65	58	238
The day of disease on which primary case discharged from Hospital	112	36	39	32	41	52	40	52

The following table gives the week of illness during which the patients were discharged ; it was thought better to give the dates of discharge according to length of illness, and not length of stay in the Sanatorium, as some cases are admitted later in the illness than others.

Before end of	3rd week.	4th week.	5th week.	6th week.	7th week.	8th week.	9th week.	10th week.	10th and over.
For 1909 to 1915 inclusive.	From onset of illness.								
Number discharged ...	11	56	270	607	512	288	183	138	430
Primary cases giving rise to return cases were discharged ...	—	—	7	23	28	12	7	9	13

This table gives full information regarding not only return cases of Scarlet Fever, but all notified cases arising after the return of patients discharged from the Infectious Disease Hospital.

Registered Number.	Sex.	Age.	Date of			No. of days in the Sanatorium.	Rash.	Duration of Pyrexia.	Otorrhoea.	Adenitis.	Rheumatism.	Late Albuminuria.	Nephritis.	Other Complications.	Condition on Discharge.				Any Illness after Discharge.	Susceptible contacts at home under ten.	Remarks.	Return Cases.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
			Onset.	Admission.	Discharge.										Desquamation.	Enlarged Tonsils.	Condition of Throat.	Other Remarks.				Sex and Age.	Registered Number.	Date of Onset.	Intervals between																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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Nos. 243 and 50 have never slept in common bed.

In same house F., age 17, on set S. F. on Feb. 16, 1915, San. Feb. 24, disced May 1

Condition on Discharge of Scarlet Fever Cases during the seven years ending 1915.

	Desquamation.			Throat.			En- larged Tonsils. 1908, 9, 10, 11, 12, 13.	1914, 15. Size of Tonsils on discharge.				Nasal Discharge.			Nose.				Otor- rhoea.		Ciliary Blepharitis.	Cough.	Adenitis.	Cracks and Sores.	Vaginal Dischg.
	Present.	Absent.	None on hands or feet during stay in Hospital.	Normal.	Red.	Pale.		N.	1.	2.	3.	Thick.	Thin.	Undefined.	Sore.	Crusts.	Picked.	Moist.	Acute.	Chronic.					
(1) Of 2,496 cases ...	1030	1020	446	1533	178	785	699	222	238	113	33	58	179	18	17	63	15	362	15	12	11	17	37	55	3
(2) Of 91 cases giving rise to return cases ...	43	39	17	63	3	33	26	10	5	1	2	5	8	2	2	5	2	10	—	—	2	4	3	3	1

DIPHThERIA.

During the year 144 persons, notified as suffering from diphtheria, or harbouring diphtheria bacilli, were admitted to the Sanatorium. Of these 48 did not give D.B. either on admission or during their stay in hospital.

Condition on discharge.	Throat.	Nose.
133	—	—
3	+	—
2	+	+
2	—	+
4 died		
Total, 144		

Deaths from Diphtheria :—

No. in Register.	Sex.	Age.	Day of disease.			Remarks.
			Doctor called in.	Admitted to Sanatorium.	At Death.	
43	F.	6	1st	12th	14th	Also onset with measles, May 2nd.
186	F.	13	Apl. 26th	2nd	116th	Died from Diphtheria and Ch. Endocarditis.
(1914) 42	M.	$\frac{1}{2}$	1st	3rd	3rd	This child was a patient in a Hospital, suffering from Lobar Pneumonia.
90	M.	$1\frac{1}{2}$	1st	2nd	3rd	Also onset with Measles, Aug. 23rd difficultly in breathing, Aug. 29. Tracheotomy (see below).

Four cases notified as diphtheria required tracheotomy, the particulars are as follows :—

No. in Register.	Sex.	Age.	Day of Disease.		Termination.
			Doctor called in.	Removed to Sanatorium.	
42	M.	$\frac{1}{2}$	1st	3rd	Died May 7th, 1915, the day of admission.
11	M.	10	4th	4th	Recovered. Negative throughout.
81	M.	3	2nd	2nd	Recovered.
90	M.	$1\frac{1}{2}$	1st	2nd	Died Aug. 31st, 1915. Had Measles and Diphtheria.

COUNTY BOROUGH OF BRIGHTON HOSPITALS.

*Expenditure.**Sanatorium. Bear Road.*

Salaries and Wages—	£	s.	d.	£	s.	d.
Medical Superintendent ...	100	0	0			
Medical Officers ...	234	3	9			
Matron ...	100	0	0			
Nurses and Servants ...	1714	9	5			
Labour (gardens) ...	141	19	2			
	<hr/>			2290	12	4
Repairs ...				517	4	11
New Boiler House (balance) ...				450	19	7
Fuel ...				1430	19	11
Electricity, £136 3s. 10d. ; Gas, £105 14s.				241	17	10
Water ...				91	9	7
Sundry household goods, furniture and repairs				503	3	9
Provisions ...				3935	1	8
Drugs and medical sundries ...				448	2	5
Surgeons' Fees ...				16	16	0
Uniforms for Matron, dresses for nurses and servants, hospital garments, linen, flannel, and drapery goods ...				253	9	10
Printing, advertising, stationery and stamps				44	14	0
Rates, taxes and insurance ...				488	5	0
Travelling expenses, cab hire, carriage, and sundries ...				50	2	6
Garden seeds and manure ...				9	15	0
Telephone rental ...				7	8	6
	<hr/>			10780	2	10

The Grange, Fulking.

	£	s.	d.	
Wages ...	67	12	0	
Repairs ...	8	17	10	
Sundry household goods	5	4	0	
Rates and taxes ...	12	11	7	
Telephone rental ...	30	10	0	
	<hr/>			124 15 5
	<hr/>			<u>£10904 18 3</u>

LABORATORY REPORT, 1915.

	Positive.	Negative.	Doubtful.	No Growth.	Total.
Swabs from the Borough ...	83	848	19	2	952
Sanatorium Swabs ...	266	1889	51	13	2219
Sputa from Borough ...	114	342	—	—	456
Sputa from Sanatorium ...	223	253	2	—	478
<i>Blood Specimens, Widal's Re-action—</i>	(1)*	(2)*	(3)*	(4)*	
From Borough ...	5	5	3	16	29
From Sanatorium...	5	—	2	7	14
<i>Hairs examined for Tinea—</i>					
From Borough ...	204	445	1	—	650
From Sanatorium...	4	3	—	—	7

* In blood specimens—

1 = complete re-action.

2 = almost complete re-action.

3 = incomplete re-action.

4 = no clumping.

Total ... 4805

Miscellaneous Specimens.

		Positive.	Doubtful.	Negative.
Tubercle Bacilli	Faeces ...	1	—	3
	Urine ...	—	—	1
	Pus... ...	—	—	1
	Pleural Fluid ...	—	—	1
Typhoid Bacilli	Faeces ...	—	—	3
Meningococci	Fauces ...	1	1	156
B. Anthracis	Ear of Pig ...	1	—	—

Milk examined for Dirt (parts per 100,000).

No. of Samples.	No Dirt.	0-2	2-5	5-10	10 and over.
55	31	9	13	1	1

Number of Water Examinations.

	Chemical.	Bacteriological.
Falmer ...	1	12
Goldstone ...	1	12
Mile Oak ...	1	12
Patcham ...	1	12
Shoreham ...	1	34

SANITARY WORK OF THE YEAR.

SANITARY INSPECTION.

In the following tables, prepared by Mr. Skinner, the Chief Sanitary Inspector, the work of the Sanitary Department is stated, so far as it can be given, in tabular form :—

Inspections during 1915.

	Totals.
Number of Streets Inspected	125
„ Houses and other Premises Inspected	11153
„ Complaints attended to	820
„ Visits to Slaughter Houses	3450
„ „ Cowsheds, including Country Visits	66
„ „ Bakehouses	355
„ „ Dairies and Milk Shops	353
„ „ Provision Shops	2734
„ Hawkers' Barrows Inspected	263
„ Condemned Notes issued in respect of Unsound Food	1399
„ Day Visits to Common Lodging Houses	99
„ Night Visits to ditto	44
„ Visits in respect of Sickness... ..	5746
„ „ to Disinfect Rooms	880
„ „ for Removal of Bedding	583
„ Drains Tested by Volatile Test	7
„ „ Opened for Examination	112
„ Visits for Sundry Purposes	10292
„ „ to look up Notices served	3470
„ Attendances at Police Court... ..	14
„ Samples Collected for Analysis	490
„ <i>Other Samples Collected—</i>	
„ Milk for presence of dirt	53
„ „ Bacteriological Examination	80
„ Inspections of Stables	1775
„ Wastes of Water Reported	89
„ Letters sent to Schools and Public Library	1081
Meteorological Observations taken	730
„ „ Reports issued	1081
Visits to Schools	162
Number of Visits under Factory and Workshops and Shop Hours Acts	111780
Visits to Houses Let in Lodgings	12
„ „ Offensive Trades	130
Smoke Observations	61
Contagious Diseases (Animals) Act	46
Visits to Ice Cream Vendors	10
Housing, Town Planning, &c., Act—	
„ Visits by Medical Officer of Health... ..	48
„ „ Chief Inspector	756
Circulars delivered	770
Visits respecting Births	1163
„ „ to Midwives	100
„ „ „ expectant mothers	15
Inspections of Picture Palaces	36
„ „ Soldiers' Billets... ..	2142
„ „ Military Camps	1
NATIONAL REGISTRATION—	
1 Inspector 6 days	
2 „ 5 „	
1 „ 3 „	

The sanitary inspections enumerated in the preceding table have been followed by the serving of the notices given in the next table. A large proportion of the work is done on the strength of verbal recommendations or preliminary notices.

Notices served during 1915.

Nature of Notice.	Warning and Verbal Notices.						Final Notices.				Total number of notices complied with.	
	Number served.		Number complied with before service of final notice.		Number reported for final notice.		Number served.		Number complied with.			
	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.
To relay drain	65	—	33	—	32	—	35	—	35	—	68	—
To repair drain and soil pipe	29	—	13	—	16	—	20	—	20	—	33	—
To trap drain	13	—	8	—	5	—	4	—	4	—	12	—
To cleanse and whitewash rooms	310	24	170	15	140	9	153	10	152	10	322	25
To clear drain or soil pipe	96	4	53	1	43	3	46	—	46	—	99	1
To clear, repair or cleanse closet, or repair flushing apparatus or pan ...	338	66	200	49	138	17	137	19	137	19	337	68
To repave yard or scullery	80	2	43	1	37	1	46	—	46	—	89	1
To abate other nuisances...	549	37	336	34	213	3	221	4	221	4	557	38
To provide covered dustbins	404	—	235	—	169	—	182	—	182	—	417	—
To provide premises with a proper water supply ...	4	—	3	—	1	—	5	—	5	—	8	—
To cleanse premises and remove foul accumulations	32	196	23	132	9	64	—	75	—	75	23	207
To fill up underground manure pits	8	—	4	—	4	—	4	—	4	—	8	—
To provide manure receptacles	12	—	5	—	7	—	9	—	9	—	14	—
To provide w.c. accommodation	8	—	7	—	1	—	2	—	2	—	9	—
To render damp walls with cement compo	33	—	10	—	23	—	26	—	26	—	36	—
To abate overcrowding ...	—	44	—	20	—	24	—	19	—	19	—	39
To discontinue keeping animals so as to be a nuisance	—	59	—	26	—	33	—	34	—	34	—	60
To abate smoke nuisance...	—	23	—	20	—	3	—	4	—	4	—	24
To cleanse and whitewash bakehouses	—	39	—	35	—	4	—	4	—	4	—	39
To cleanse and whitewash workrooms	—	13	—	11	—	2	—	3	—	3	—	14
To pave and drain stables	2	—	—	—	2	—	1	—	1	—	1	—
To pave yard adjoining house wall	16	—	9	—	7	—	4	—	4	—	13	—
To take up brick floor of living rooms and lay board floor with vent. under same	7	—	2	—	5	—	6	—	6	—	8	—
To lay new board floors with ventilation under same...	12	—	9	—	3	—	3	—	3	—	12	—
To discontinue to let or occupy cellar dwellings	—	1	—	—	—	1	—	1	—	1	—	1
Totals	2018	508	1163	344	855	164	904	173	903	173	2066	517

SANITARY INSPECTION.

The visits for sundry purposes include many to large unoccupied houses which were required for use as Temporary Barracks ; these were all inspected, measured up and reported on by the Chief Inspector at the request of the Military Authorities, and those which were finally selected for the purposes were fitted up under his supervision.

Three summonses were necessary to enforce compliance with notices during the year, two were issued on owners of premises, and one on an occupier, viz :—

Owners—

(1) Failing to relay the defective paving of the yard of a small house.

An order was made on the owner to abate the nuisance within seven days and to pay the costs.

(2) Failing to relay a defective drain.

The owner was fined 40s. and costs, or, in default, six days imprisonment, and an order was made on him to complete the necessary work within 14 days.

(3) Failing to abate a nuisance due to the dirty condition of a room.

An order was made on the occupier to abate the nuisance within three days and to pay the costs.

COMMON LODGING HOUSES.

Eight of these are at present registered having accommodation for 281 lodgers. One of these is for women only, the charge being 5d. to 1s. a night. There are no lodging houses for both men and women.

The Bye-laws have been properly carried out during the year.

HOUSES LET IN LODGINGS.

Seventy one of these houses are now on the register.

The Bye-laws have been properly carried out during the year.

REMOVAL OF HOUSE REFUSE.

During the greater part of the year, the refuse from ordinary dwelling-houses is collected weekly, but, during the hot weather, on the application of the tenant, it is collected twice a week, and, by special arrangement, the collection is made from hotels and large boarding-houses twice or three times a week during the whole year.

It would be beneficial to the health of the inhabitants of the town, if the collection was made from every house at least twice a week during the summer.

NEW HOUSES.

The Borough surveyor reports that 22 new houses have been erected and passed during the year 1915, compared with 44 in 1914, and 39 in 1913.

These were situate in the following wards :—Preston Park, 3 ; Preston, 14 ; Lewes Road, 3 ; and King's Cliff, 2.

Statement required by Article V. of The Housing (Inspection of District) Regulations, 1910, in regard to the Inspection of dwelling-houses under Section 17 (1) of the Housing, Town-Planning, &c., Act, 1909 :—

Number of dwelling-houses inspected during the year 1914 under and for the purposes of the Section	7,079
Number of such dwelling-houses which were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
Number of dwelling-houses in respect of which representations were made to the Local Authority with a view to the making of Closing Orders	2
Number of dwelling-houses in respect of which Closing Orders were made by the Local Authority	2
Number of dwelling-houses, the defects of which were remedied without the making of Closing Orders	None
Number of dwelling-houses which, after the making of Closing Orders, were made fit for human habitation	None. Two demolition orders made, appeal pending.
General character of the defects found to exist in the dwelling-houses inspected	See table on page 24.

It has not yet been found necessary to issue any notice under Section 15 of the Act, as, up to the present time, all cases coming within the scope of that section have been satisfactorily dealt with by mutual arrangement between Chief Inspector Skinner and the owners ; during the past year nine houses have, by this means, been put into good and substantial repair, making a total of 140 since the passing of the Act.

During the year 36 visits have been made by the Medical Officer of Health, and 756 by the Chief Inspector, to condemned houses to see that repairs were properly carried out.

GOOSEBERRY MILDEW ORDER, 1912.

During the year the market, and the wholesale and retail greengrocers and Fruiterers shops, were systematically visited by the Inspectors under this order and no diseased fruit was found.

FISH MARKET.

During the year the following unsound fish have been surrendered in the Fish Market and destroyed by arrangement with the owners.

Wet Fish.									Dried Fish.	Shrimps and Prawns.	Shell Fish.									
Flat Fish.			Herrings and Mackerel.			Other Wet Fish.					Lobsters, Crabs and Crayfish.			Escallops, Mussels & Queens.						
cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.			
0	0	0	20	0	0	53	0	12	6	2	20	31	1	14	3	1	20	4	1	0

Total, 5 tons 18 cwt. 3 qrs. 10 lbs.

PUBLIC ABATTOIR.

The number of animals killed in 1915 was 26,026, viz. :—

	2,032	beasts	}	in the public slaughter-houses.
	1,145	calves		
	711	lambs		
	6,468	sheep		
	12,569	pigs		
and				
	206	beasts	}	in the private slaughter-houses at the Abattoir.
	7	calves		
	132	lambs		
	2,756	sheep		

For the financial year ending on March 31st, 1916, excluding capital charges, the income and expenditure were as follows :—

Income £536 12s. 4d. ... Expenditure £971 10s. 9d.

The rates for animals slaughtered are :—1s. for a beast, 6d. a calf, 2d. a sheep, and 4d. a pig.

PRIVATE SLAUGHTER-HOUSES.

In various parts of the town, 23 slaughter-houses are in use.

During the year 1915, one private slaughter-house has fallen into disuse and eight are now unoccupied. Each slaughter-house is visited several times weekly by Inspector Cuckney (Superintendent of the Abattoir).

Unsound meat seized or surrendered during 1915 :—

Description.	Number of Animals.	Number condemned by Magistrate.	Number condemned by arrangement with owner.	Total weight in lbs.
<i>A.—At the Abattoir—</i>				
Bullocks (whole carcase)	7	—	7	4740
„ (part of carcase)	14	—	14	1656
Calves (whole carcase) ...	2	—	2	69
„ (part of carcase) ...	2	—	2	24
Sheep (whole carcase) ...	6	—	6	480
„ (part of carcase) ...	13	—	13	248
Pigs (whole carcase) ...	116	—	116	10511
„ (part of carcase) ...	211	—	211	2379
Heads	254	—	254	1652
Tongues	46	—	46	357
Livers	800	—	800	5873
Lungs	378	—	378	3065
Hearts	151	—	151	287
Diaphragm	31	—	31	206
Stomach	47	—	47	828
Spleen	12	—	12	47
Intestines, etc.	286	—	286	2731
Kidneys	260	—	260	147
Udders	162	—	162	800
Tails	7	—	7	35
Totals	2085	—	2085	36135
<i>B.—In the Private Slaughter Houses and Shops—</i>				
Bullocks (whole carcase)	24	—	24	17760
„ (part of carcase)	49	—	49	3547
Calves (whole carcase) ...	2	—	2	64
„ (part of carcase) ...	4	—	4	31
Sheep (whole carcase) ...	14	—	14	884
„ (part of carcase) ...	7	—	7	79
Pigs (whole carcase) ...	37	—	37	2403
„ (part of carcase) ...	2	—	2	31
Heads	63	—	63	1737
Tongues	47	—	47	376
Livers	247	—	247	3311
Lungs	109	—	109	1856
Hearts	57	—	57	461
Diaphragm	50	—	50	427
Stomach	53	—	53	1410
Spleen	42	—	42	170
Intestines, etc.	80	—	80	1534
Kidneys	2765	—	2765	1831
Udders	122	—	122	340
Tails	31	—	31	155
Tripe	(6 cases)	—	(6 cases)	147
Totals	3811	—	3811	38554

In connection with the above 1277 condemned notes were issued.

Tuberculosis.—During the year the following carcasses and parts of carcasses were destroyed :—

<i>Description.</i>	Whole of Animal.	Part.
A.—At the Abattoir :—		
Bull	—	—
Steer	3	6
Heifer	1	2
Cow	3	6
Pigs	†70	175
	77	189
B.—In the Private Slaughter Houses and Shops.		
Bull	—	—
Steer	6	4
Heifer	3	2
Cow	15	8
Pigs	—	—
Calf	—	—
	24	14

† Percentage of total 1·95.

Other foods seized or surrendered during 1915 :—

Lambs sweetbreads, 45lbs.	Apples, 31 bushels.
Australian Rabbits, 24	Asparagus, 1 crate.
Turkeys, 48	Pineapples, 42.
Fowls, 6	Pears, 7 bushels.
Shrimps, 2 gallons	Plums, 12 cwts. 1 qr. 16lbs.
Milk, 51 gallons	Greengages, 9½ bushels.
Potatoes, 8 barrels	Oranges, 1 box.

A hawker was summoned for exposing unsound shrimps for sale. Defendant did not appear. A warrant was issued for his arrest, but he left the town and has not been heard of since.

SALE OF FOOD AND DRUGS ACT.

Number of samples collected	...	...	...	490
Number reported not genuine	...	...	...	29
Number of prosecutions	...	...	...	4
Number of convictions	...	...	...	Nil
Number withdrawn on payment of costs...	...	...	...	2
Number dismissed on payment of costs	...	...	...	2
Costs and analyst's fees recovered	...	...	...	£7 16 0

Cost of samples	...	...	...	...	£3	1	7 $\frac{1}{4}$
Cost of postage and railway fares	...	...	...	...	6	18	2
Cost of analysis	...	...	...	...	169	10	0
Analyst's salary	...	...	...	...	50	0	0
					<hr/>		
					£229	9	9 $\frac{1}{4}$
Costs and Analyst's fees recovered	...				7	16	0
					<hr/>		
					£221	13	9 $\frac{1}{4}$
					<hr/>		

Two cases against milksellers were dismissed on payment of costs, each 17s. One case against a farmer was withdrawn on payment of special costs, £5.

The case against the Vendor of adulterated Gregory powder was withdrawn on payment of costs, £1 2s. 6d.

SALE OF FOOD AND DRUGS ACTS.

Return to the Local Government Board, shewing the administrative action with regard to samples not reported to be genuine, year ending December, 1915.

Name of Article.	Identification Number given to the Sample in the Quarterly Report.	Result of Analysis.	Results of Legal Proceedings under Sale of Food and Drugs Acts.		If no Legal Proceedings were instituted, state briefly the course adopted in regard to each Sample.	Remarks on any point of special interest.
			Fine.	Costs.		
			£ s. d.	£ s. d.		
Milk	38 (Official)	13·2% deficient in fat	—	0 17 0	—	Case dismissed on payment of costs.
„	44 (Official)	10·0% „ „	—	0 17 0	—	Case dismissed on payment of costs.
„	96 (Official)	3·06% added water	—	—	Vendor cautioned	—
„	118 (Official)	5·9% „ „	—	—	Vendor cautioned	—
Cream	88 (Official)	14 grains boric acid per lb.	—	—	Vendor cautioned	Milk and Cream Regulations : Receptacle in which cream was sold was not labelled as containing a preservative.
Milk	167 (Official)	3·3% deficient in fat	—	—	Vendor cautioned	—
„	169	26·5% „ „	—	5 0 0	—	Summons withdrawn on payment of costs.
„	170	3·5% added water	—	—	—	Taken in conjunction with No. 169.
„	259	16·0% deficient in fat	—	—	Vendor cautioned	—
„	285	6·6% „ „	—	—	Vendor cautioned	—
„	291 (Official)	6·6% „ „	—	—	Vendor cautioned	—
„	312	3·3% „ „	—	—	Vendor cautioned	—
„	349 (Official)	6·6% „ „	—	—	Vendor cautioned	—
„	356a (Test)	46·6% „ „	—	—	—	Sent to Health Office by a householder, official sample taken and found genuine.
„	369 (Official)	6·6% „ „	—	—	Vendor cautioned	—
„	395 (Official)	4·7% „ „	—	—	Vendor cautioned	—
„	404 (Test)	20·0% deficient in fat and 15% deficient in solids not fat	—	—	—	Sample analysed and sent by local doctor who purchased same outside borough. Referred to East Sussex County Council.

SALE OF FOOD AND DRUGS ACTS (*continued*).

Name of Article.	Identification Number given to the Sample in the Quarterly Report.	Result of Analysis.	Results of Legal Proceedings under Sale of Food and Drugs Acts.		If no Legal Proceedings were instituted, state briefly the course adopted in regard to each Sample.	Remarks on any point of special interest.
			Fine.	Costs.		
			£ s. d.	£ s. d.		
Milk	415 (Official)	6% deficient in fat	—	—	—	—
„	417 (Official)	3·3% „ „	—	—	—	—
„	419 (Official)	6·6% „ „	—	—	—	—
Butter	370 (Test)	100% margarine	—	—	—	Sent to Health Office by Provision dealer, who complained that customers were being supplied by another dealer at their home addresses with this mixture at 1s. 2d. per lb. unable to approach dealer at present.
Cream	411 (Test)	Contained 32% Boric Acid. Sold as cream.	—	—	Vendor cautioned	Taken under Milk & Cream Regulations:
„	412	Sold as pure, contained a trace of Boric Acid.	—	—	—	Ditto, no action taken.
Gregory Powder	385 (Test)	Total Magnesia as Magnesium Oxide 30·7%	—	—	—	—
„	403 (Official)	Ditto 31·2%	—	1 2 6	—	Withdrawn on payment of Costs and Analysts fee (10/6).
Sweet Spirit of Nitre	378 (Test)	40·0% below minimum of Ethyl Nitrate.	—	—	—	—
„	402 (Official)	13·1% Ditto.	—	—	Vendor cautioned	—
Milk	426 (Official)	6·6% deficient in fat	—	—	Vendor cautioned	—
„	446 (Official)	3·3% „ „	—	—	Vendor cautioned	—

PUBLIC ANALYST'S REPORT.

By MEREDITH WYNTER BLYTH, B.A., B.Sc., F.I.C.

Table shewing the results of analysis of samples taken under the Sale of Food and Drugs Act during the year 1915.

Samples of	Number of Samples.	Adulterated.	Percentage of Samples Adulterated.	Nature of Adulteration.
Milk	321	20	6·23	Abstraction of fat. Addition of water.
Condensed Milk...	6	—	—	
Cream	25	2	8·0	Presence of boron preservative.
Butter	80	1	1·25	Margarine sold as butter.
Margarine	15	—	—	
Lard	7	—	—	
Cheese	2	—	—	
Flour	2	—	—	
Golden Syrup ...	2	—	—	
Tinned & Potted Meats & Sausages	14	—	—	
Spirits	6	—	—	
Drugs	11	4	36·3	Two samples of Sweet Spirit of Nitre deficient in Ethyl Nitrite. Two samples of Gregory powder deficient in Magnesia.
1915 Total ...	491	27	5·49	
1914 „ ...	592	34	5·69	
1913 „ ...	597	35	5·86	
1912 „ ...	508	36	7·08	
1911 „ ...	502	23	4·58	
1910 „ ...	535	23	4·30	
1909 „ ...	554	12	2·16	
1908 „ ...	501	53	10·57	
1907 „ ...	506	50	9·88	
1906 „ ...	501	61	12·17	
1905 „ ...	503	60	11·92	
1904 „ ...	501	47	9·38	
1903 „ ...	507	92	18·14	
1902 „ ...	502	114	22·70	
1901 „ ...	490	93	18·97	

MILK.

The following table shows the amount of adulteration of milk, and the percentages of fat from 1907 to 1915 :—

Year.	Total Milk Samples.	Adulterated.	Percentage below Standard.	Average percentage of Fat.
1907 ...	326	30	9·20	3·47
1908 ...	375	48	12·80	3·51
1909 ...	342	7	2·04	3·51
1910 ...	320	14	4·37	3·56
1911 ...	316	22	6·96	3·54
1912 ...	318	29	9·11	3·41
1913 ...	442	24	5·45	3·55
1914 ...	386	14	3·62	3·36
1915 ...	321	20	6·23	3·35

It will be seen that, on the whole, the good quality of the Brighton milk is well maintained.

Meat Foods.—During the year 14 samples of meat foods were taken, of these, one sample of saveloys contained five grains of boric acid in every pound; one sample of veal and ham contained ten grains of boric acid in every pound and four samples of pork sausages contained from 12 to 30 grains of boric acid in every pound.

During the year seven samples of pork sausages were examined as to their general composition. In order to decide if these conformed with the usual composition of pork sausages as sold throughout the country, samples were also obtained from different parts of England. The analysis of 20 samples showed the average composition of a pork sausage to be as under :—

Water%	Fat%	Proteids. %	Carbohy- drates%	Ash%
47.0	29.0	9.0	14.0	1.0

Wide variations were found in different samples, especially as regards the fat and the carbohydrates, but the water is fairly constant and rarely over 50 per cent.

It would appear that pork sausages are usually made with about 25 per cent. of bread; whether it is advisable to fix any standard for bread or starch is a matter which is open to discussion, but it is obvious that a meat food should not contain an excessive quantity of carbohydrates. The difficulty of fixing any standard will be realised when it is understood that we are dealing with two substances, pork and bread, each composed of several constituents, each one of which may vary in relation to the other.

THE LOCAL ADMINISTRATION OF ACTS RELATING TO
 FACTORIES, WORKSHOPS, WORKPLACES, BAKEHOUSES,
 OUTWORKERS, SHOPS AND REGISTRY OFFICES.

PREVENTION OF CRUELTY TO CHILDREN ACT, 1904,
 see page 91.

EMPLOYMENT OF CHILDREN ACT, see page 91,

	On Register.	Visits.	Closed.	New.
Factories	296	123	22	10
Workshops	2025	961	213	173
Bakehouses	113	355	4	—
Workplaces	138	117	5	7
Shops	4510	9178	170	110
Registry Offices	36	53	20	19
Employment of Children	—	949	—	—
Children Theatre Licenses	—	44	—	—
Total	7118	11780	434	319

Written notices have been served in respect of breaches of the various Acts as follows :—

Shops Act.

Failing to keep exhibited the prescribed form in Mixed Shops that keep open on the Half-holiday	52
Failing to keep exhibited the prescribed form respecting the Assistants' Half-holidays	102
Memorandums on Shops Act	36
Copies of Closing Orders	630
	820

Employment of Children Act.

Notices respecting irregularities, together with extracts or copies of the Bye-laws	195
--	-----

Factory and Workshop Act.

Failing to send list of outworkers	102
Breaches of Bakehouse Regulations	87
Sanitary defects	97
	286

Public Health Acts.

Sanitary defects in shops	45
Registry Offices, Forms and Bye-laws	20
	65

For the first time since 1911 no prosecution was taken under the Shops Act.

One prosecution was instituted under the Employment of Children Act in which a Greengrocer was fined 8s. and costs for employing a child fifteen hours on a Saturday.

Twenty-eight notices of Workshops and Factories in which protected persons were employed, and in which no Abstract of the Act was shewn, were forwarded to H.M. Inspector.

No notices in respect of the occupation of new workshops were sent in by H.M. Inspector.

For the purpose of inspection and reference the registers of factories, workshops and workplaces are grouped as follows :—

Trade.	Factories.	Workshops.	Outworkers.
Bakehouses... ..	12	101	—
Bootmakers and Repairers	23	144	52
Brewers, Bottlers, and Minerals Waters	23	17	—
Building trades	18	161	—
Cycle and Motor works	19	29	—
Coachbuilders	—	26	—
Dressmakers and Underclothing	—	354	174
Furnishing trades	13	128	24
Firewood and Timber sawing	12	5	—
Jewellers and Watchmakers	—	54	—
Laundries	38	122	—
Photographers	—	28	—
Printers and Bookbinders	46	—	—
Preparation of Provisions	20	—	—
Railway, Locomotive and Carriage works	1	—	—
Smiths and Metal workers	22	86	—
Tailors	—	75	240
Miscellaneous	49	197	8
Total	296	1527	498
Workplaces (mostly Restaurants) ...	138		

Complaints have been received as follows :—

Not closing to time in accordance with "Early Closing Order"	22
Not closing for the sale of certain goods in "Mixed Shops"	
on the weekly half-holiday	18
Irregularities in respect of the assistants' half holiday ...	26
Working beyond the hours allowed for "young persons"	2
Irregular employment of children	37
Insufficient meal times	4
Offences in Registry Offices	6
Health and sanitary matters in shops	14
Health and sanitary matters in factories and workshops	16
	145

Complaints have been received from H.M. Inspector respecting nuisances and defects in factories and workshops remediable under the Public Health Acts as follows :—

W.C.s unsuitable, defective, or dirty	7
Workroom overcrowded	1
	8

Three complaints respecting overwork and ventilation in factories were forwarded to H.M. Inspector.

OUTWORKERS.

A total of 119 lists have been sent in, and 106 letters were sent to the employers reminding them of their duty in this respect. 244 homes were visited and there are at present 498 on the register.

BAKEHOUSES.

The number of bakehouses have steadily declined for some years; at present there are 113 on the register. 355 inspections were made, and 87 breaches of the regulations dealt with.

113 workrooms have been cubed and cards affixed stating the numbers that may be employed in each room.

SHOPS ACT.

During the year the shops embraced in the clothing trades petitioned for a closing order. Registers were prepared and a vote taken with the following result :—

Trades.	On Register.	In favour.	Against.	Spoilt Votes.	No return.
Drapers, including Credit Furnishing and Fancy Drapers ...	...162	113	34	4	11
Milliners ...	... 77	57	9	2	9
Ladies' and Children's Outfitters ...	...117	83	16	2	16
Furriers ...	... 6	4	—	—	2
Costumiers and Ladies' Tailors ...	... 69	49	4	1	15
Hosiers, Hatters, and Outfitters ...	... 55	45	5	1	4
Tailors and Clothiers ...	...111	86	9	1	15

The whole of the trades succeeded in getting the requisite 2-3rds majority, and the order was subsequently confirmed, and is now in force. The hours of closing are 8.0 p.m. on Mondays, Tuesdays and Wednesdays, 8.30 p.m. on Fridays.

The bootdealers have obtained a similar order, but with 7.30 p.m. instead of 8.0 on Mondays, Tuesdays and Wednesdays.

A petition has been sent in by Greengrocers and Florists asking for an "Extension Order," this, if successful will bring them under the compulsory closing section for a half holiday on Wednesdays.

10 Trades have now a closing order for Thursday (or Saturday).

1 Trade has now a closing order for Wednesday (or Saturday).

17 Trades have to close, but the day is not fixed by "Order".

19 Trades have obtained exemption from closing for a half holiday.

13 Trades were exempted by the provisions of the Act.

A number of mixed shops have been tested with a view of ascertaining whether they sold non-exempted articles on their chosen closing day. Four of the shopkeepers were reported to the Town Clerk as having sold articles on the closing day, a satisfactory explanation that this was due to inadvertence or a wrong interpretation of the Act was given in three cases, and in the fourth case technical difficulties prevented a prosecution being taken.

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

1.—*Inspection. Including Inspections made by Sanitary Inspectors or
Inspectors of Nuisances.*

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (Including Factory Laundries).	123	20	—
Workshops... .. (Including Workshop Laundries).	1316	132	—
Workplaces (Other than Outworkers' premises included in Part 3 of this Report).	117	11	—
Total	1556	163	—

2.—*Defects found.*

Particulars. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness... ..	43	43	—	—
Want of ventilation	9	8	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	3	3	—	—
Other nuisances	10	10	—	—
†Sanitary Accom- modation {	insufficient	2	2	—
	unsuitable or de- fective	21	21	—
	not separate for sexes	3	3	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (S. 101)	—	—	—	—
Breach of special sanitary require- ments for bakehouses (SS. 97 to 100)	87	87	—	—
Other offences (Excluding offences relating to out- work which are included in Part III. of this Report).	—	—	—	—
Total	178	177	—	—

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act as remediable under the Public Health Acts.

† Sec. 22 of the Public Health Acts Amendment Act is in force in Brighton.

3.—*Home Work.*

Outworkers' Lists, Section 107.														Outwork in Unwholesome Premises, Section 108.				Outwork in Infected Premises, Sections 109, 110.			
Nature of work.*	Lists received from Employers.					Prosecutions.			In-stances.	In-stances.	Prose-cutions (S. 109, 110).	Orders made (S.110).	Prose-cutions (S. 109, 110).								
	Twice in the year.		Once in the year.		Failing to keep or permit inspection of lists.		Failing to send lists.														
	Lists.	Out-workers.	Lists.	Out-workers.	(8)	(9)	(10)														
(1)	(2)	(3)	(4)	(5)	(8)	(9)	(10)	(12)	(13)	(14)	(15)	(16)	(17)								
Wearing Apparel—(1) Making, &c.	110	673	9	12	102	—	—	—	—	—	9	—	—								
Furniture and Upholstery	4	16	—	—	—	—	—	—	—	—	—	—	—								
Other Trades	—	—	—	—	—	—	—	—	—	—	—	—	—								
Total...	114	689	9	12	102	—	—	—	—	—	9	—	—								

* Where an occupier gives out work of more than one class, each class is separately enumerated.

4.—*Registered Workshops.*

Workshops on the Register (S. 131) at the end of the year.	Number.
(1)	(2)
Making of wearing apparel	1039
Bakehouses	101
Laundries	122
Furnishing Trades	152
Building Trades	161
Smiths and Metal Workers	86
Other Trades	364
Total number of workshops on Register	2025

5.—*Other matters.*

Class.	Number.
(1)	(2)
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	28
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	8
Other	3
Underground Bakehouses (S. 101) :—	
Certificates granted during the year	—
In use at the end of the year	68

TABLE I.—(*Vital Statistics of Brighton during 1915 and previous years*).

YEAR.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 year of Age.		At all Ages.	
			Number.	Rate					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906 ...	127,499	2853		22·38	1887	14·80			317	111	1861	14·60
1907 ...	128,280	2710		21·13	1895	14·77			301	111	1895	14·77
1908 ...	129,065	2809		21·76	1956	15·16			293	104	1951	15·12
1909 ...	129,855	2675		20·60	2013	15·50			255	95	1997	15·38
1910 ...	130,650	2612		19·99	1923	14·72			289	111	1885	14·43
1911 ...	131,444	2584	2603	19·80	1895	14·42	173	113	255	98	1835	13·96
1912 ...	132,265	2488	2499	18·89	1751	13·25	148	103	189	76	1706	12·90
1913 ...	133,096	2477	2485	18·32	1925	14·19	192	173	291	117	1906	14·05
1914 ...	133,936	2346	2350	17·55	1844	13·76	163	148	197	84	1829	13·65
1915 ...	(Civil) 118,286	2247	2259	16·87	2116	17·89	1978	189	218	97	2108	17·82

Area of District in acres
(exclusive of area covered by water) } 2536.

Total Population at all ages ... 131,250
Number of families or separate occupiers ... 30,720
Average number of persons per family ... 4·3
At Census of 1911.

TABLE II.

Name of Ward.	Births in Brighton in 1915.	Number of Deaths during 1915.																	
		All causes.	Under one year.	Scarlet Fever.	Influenza.	Diphtheria.	Enteric Fever.	Measles.	Whooping Cough.	Diarrhoea & Enteritis.	Puerperal Fever.	Erysipelas.	Phthisis.	Other Tubercular Diseases.	Cancer.	Bronchitis and Pneumonia.	All other Respiratory Diseases.	Premature Birth.	Marasmus, &c.
King's Cliff ...	†(27) 112	106	6	—	14	—	—	—	—	2	—	—	7	1	15	15	1	—	1
Queen's Park	†(7) 106	118	14	—	4	—	1	—	—	1	—	—	16	1	6	22	1	—	4
Pier ...	162	196	24	—	10	—	1	1	5	7	—	—	12	5	22	39	4	4	1
Pavilion ...	65	46	6	—	1	—	—	—	2	—	—	—	5	—	5	5	2	2	1
Regency ...	66	100	9	1	4	—	—	—	2	—	—	—	10	1	12	21	—	1	1
West ...	29	65	1	—	3	—	—	—	—	—	—	—	4	1	8	11	—	—	—
Montpelier ...	77	94	4	—	3	—	—	—	—	1	—	—	7	2	11	14	—	2	1
St. Nicholas'	146	148	19	1	3	1	—	1	3	3	—	—	17	5	12	38	5	—	1
St. John's ...	278	197	36	—	4	—	—	4	5	8	—	—	17	7	11	50	8	2	2
Hanover ...	246	205	30	—	2	—	—	1	6	5	1	—	23	5	8	48	8	4	2
Lewes Road...	366	259	32	—	14	—	—	3	7	4	1	—	20	6	29	48	2	2	3
St. Peter's ...	111	102	11	—	3	1	—	1	6	2	—	—	7	3	10	20	2	1	—
Preston Park	292	181	8	—	7	—	—	2	3	1	—	—	12	3	26	25	7	1	1
Preston ...	191	251	16	—	13	1	—	1	1	4	—	—	17	6	20	55	4	2	4
Unknown ad- dresses ...	—	*40	1	—	4	—	—	—	-	—	—	—	3	1	7	2	—	—	—
Total ...	2247	2108	217	2	89	3	2	14	40	38	—	2	177	47	202	413	44	21	22

* of these { 23 died in the Poor Law Institutions.
 { 12 ,, ,, Brighton Borough Asylum.

† The Births in brackets were children born in the
 Poor Law Institution.

TABLE III.

INFANT MORTALITY, 1915—*Nett Deaths from stated Causes at various ages under One Year of age.*

CAUSE OF DEATH.	Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 weeks.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.

All Causes { Certified ... Uncertified ...	39	15	14	11	79	23	15	13	14	11	12	14	7	7	10	13	218
Measles ...	...	...	...	1	1	2	...	...	1	...	3	1	2	1	1	2	4
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	14
Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Influenza ...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	1	3
Erysipelas ...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1
Tuberculous Meningitis ...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	3
Abdominal Tuberculosis ...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Other Tuberculosis Diseases, Phthisis ...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	4
Meningitis (not Tuberculous) ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Convulsions ...	...	...	2	2	4	2	2	1	1	...	...	...	1	...	...	...	9
Bronchitis ...	...	...	1	...	1	2	3	5	3	...	2	...	1	...	...	3	14
Pneumonia (all forms) ...	...	2	...	3	5	1	2	...	...	...	4	6	2	1	3	6	41
Diarrhoea ...	...	...	1	...	...	1	2	1	1	2	1	...	...	...	...	...	11
Enteritis ...	...	...	...	...	...	3	1	2	...	2	...	...	...	2	...	...	13
Syphilis ...	1	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	5
Rickets ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Suffocation, Overlying ...	1	1	...	...	2	1	1	...	...	...	...	...	...	...	...	...	4
Injury at birth... ..	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
Atelectasis ...	7	2	2	...	11	...	1	...	...	...	...	...	...	...	...	...	11
Congenital Malformations (c) ...	4	2	1	1	8	1	...	...	...	...	...	...	...	...	...	...	10
Premature Birth ...	12	4	3	2	21	2	2	2	...	2	...	...	...	...	...	...	21
Atrophy, Debility and Marasmus... ..	4	3	3	...	12	...	...	...	...	...	...	...	...	...	...	...	22
Want of breast milk ...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Lack of care ...	6	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	6
Other Causes ...	1	...	1	...	2	6	...	...	2	2	1	1	...	...	1	...	15
Totals ...	39	15	14	11	79	23	15	13	14	11	12	14	7	7	10	13	218

Nett Births in the year { Legitimate.....2067.
Illegitimate 192.

Nett Deaths in the year { Legitimate infants.....197.
Illegitimate infants 21.

TABLE IV.—Causes of Death during the year 1915.

CAUSES OF DEATH.	AGES AT DEATH.																		Total Deaths at all Ages.	Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.
	Total.																			
	M.	F.	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85	85+			Un- known Age
I.—GENERAL DISEASES.	1	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
	6	8	2	1	2	1	1	1	...	...	...	...	...	...	...	...	...	...	...
	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
	20	20	8	7	5	1	2	1	4	1	...	...	...	...	...	...	...	...	...
	2	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
	37	52	2	1	...	1	1	...	1	2	1	2	3	2	5	7	10	12	1	
	2	5	...	...	...	...	...	...	...	...	...	...	1	...	3	1	...	...	...
	...	2	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...
	
	
	
	
	Tubercular Diseases.
98		79	2	1	...	...	...	...	...	6	4	6	7	21	17	17	2	1	3
4		3	...	...	1	...	...	2	...	1	2	...	...	1	...	...	...	...	...
12		8	2	1	...	1	1	4	2	...	...	...	...	...	...	...	...	...	...
4		3	1	...	1	...	...	1	...	...	...	...	1	2	...	...	...	...	...
3		2	...	...	...	...	...	...	...	...	1	2	1	...	...	1	...	...	...
3		...	...	...	...	...	1	...	...	...	...	1	...	...	...	1	...	...	...
4		1	1	...	...	...	1	...	...	...	...	1	1	...	1	...	...	...	...
1		1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7		5	4	1	...	...	...	...	...	...	...	...	1	2	...	1	2	...	...
...		1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10		...	...	...	...	...	...	...	...	1	...	...	...	...	4	...	2	...	...
34		24	...	...	...	...	...	...	...	...	...	2	2	...	9	8	4	3	1
14		29	...	...	...	...	...	...	1	...	...	1	2	...	2	7	4	6	...
24		24	...	...	...	...	...	...	...	...	...	1	4	...	...	5	1	...	...
20	20	...	...	...	...	...	...	...	...	...	1	1	...	...	4	2	...	...
2	2	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...
18	27	...	...	...	1	...	1	...	...	...	...	2	3	2	7	4	2	1	
4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
Cancer.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	
	
	
	
	
	
	
	
	

TABLE IV.—(continued).

CAUSES OF DEATH.	AGES AT DEATH.																Total Deaths at all Ages.	Total Deaths, whether Resident, in Public Institutions in the District.																			
	Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15				15-20		20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Un- known Age
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
General Diseases (<i>contd.</i>)—																																					
Rheumatic Fever	2	4	...	...	...	...	...	...	...	...	...	...	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Chronic Rheumatism	5	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes ...	4	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Exophthalmic goitre	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Addison's Disease	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leucocythæmia ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anæmia ...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other General Diseases	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism ..	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
II.—DISEASES OF THE NERVOUS SYSTEM, AND OF THE ORGANS OF SPECIAL SENSE—																																					
Encephalitis	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis	11	10	...	...	...	...	...	...	...	...	...	...	2	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis ...	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Locomotor Ataxy	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of the Spinal Column...	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Apoplexy	10	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Serous Apoplexy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Hemorrhage	31	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Softening of the Brain	3	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hemiplegia	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paraplegia	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Forms of Paralysis	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
General Paralysis of the Insane	10	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Forms of Mental Alienation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE IV.—(continued).

CAUSES OF DEATH.	AGES AT DEATH.																		Total Deaths at all Ages.	Total Deaths, Whether Resident, in Public Institutions in the District.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20				20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Un- known Age																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Diseases of the Nervous System (<i>contd.</i>)—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

TABLE IV.—(continued).

CAUSES OF DEATH.	Total Deaths at all Ages.	AGES AT DEATH.																Total Deaths, whether Resident or Non-Resident, in the District				
		Total.		0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75		75-85	85+	Un- known Age	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.
Circulatory System (<i>contd.</i>)—																						
Phlebitis ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Diseases of the Lymphatic System ...	3	2	1	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
IV.—DISEASES OF RESPIRATORY SYSTEM—																						
Laryngismus Stridulus ...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis ...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ...	211	88	123	9	5	2	8	1	1	...	...	...	...	...	...	...	...	24	31	7	15
Broncho-Pneumonia ...	78	34	44	14	11	7	11	2	4	3	...	...	...	...	...	...	...	3	5	1	...
Lobar-Pneumonia ...	22	12	10	2	2	3	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Pneumonia ...	102	49	53	7	5	8	5	2	3	1	1	...	...	...	...	...	...	3	12	1	...
Pleurisy (a) Empyema...	4	2	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
(b) Other Pleurisy ...	7	3	4	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...
Pulmonary Congestion ...	14	4	10	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	2	...	1
Asthma ...	13	5	8	...	...	...	...	...	...	...	...	...	2	1	1	3	1	1	1	...	...
Pulmonary Emphysema ...	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Other Diseases of the Respira- tory System ...	4	1	3	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	2
V.—DISEASES OF THE DIGESTIVE SYSTEM—																						
Tonsillitis ...	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Diseases of the Esophagus ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Ulcer of the Stomach ...	9	3	6	...	...	...	...	...	...	...	...	3	...	1	1	...	...	1	...	...	6
Inflammation of the Stomach ...	8	4	4	2	1	...	...	...	...	...	...	...	...	...	1	2	...	...	...	1	2

TABLE IV.—(continued).

CAUSES OF DEATH.	Total Deaths at all Ages.	AGES AT DEATH.																		Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.																				
		Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20			20-25		25-35		35-45		45-55		55-65		65-75		75-85		85+		Un-known Age			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
V — DISEASES OF THE DIGESTIVE SYSTEM (<i>Contd.</i>)—																																								
Diarrhea and Enteritis.	{	Infective Enteritis	10	3	7	3	5	1	1
		Diarrhea : Not returned as Infective	14	6	8	5	6	2
		Enteritis : Not returned as Infective	10	6	4	3	1
		Gastro-Enteritis : Not returned as Infective	4	3	1	2
		Acute Dyspepsia	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Ulceration of the Intestines	5	1	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Duodenal Ulcer	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Appendicitis	9	6	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Hernia	4	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Intestinal Obstruction	10	3	7	1
		Other Diseases of the Intestines	1	1
		Acute Yellow Atrophy of the Liver	2	1	1	...	1
		Cirrhosis of the Liver	30	11	19
		" " Alcoholic	4	2	2
Chronic Hepatitis	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Biliary Calculi	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of the Liver	7	5	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peritonitis	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of the Digestive System... ..	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE IV.—(continued).

CAUSES OF DEATH.	AGES AT DEATH.																			Total Deaths at all Ages.	Total Deaths, Whether Resident or Non-Resident, in Public Institutions, in the District.																			
	Total.		0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25			25-35		35-45		45-55		55-65		65-75		75-85		85+		Un- known Age				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.			F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
VI.—NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA—																																								
Acute Nephritis	2	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bright's Disease...	18	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis (unqualified) 10 years and over, and Uremia	6	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Calculi of the Urinary Passage	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of the Bladder	10	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of the Urethra	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of the Prostate	6	6
Ovarian Cyst	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE—																																								
Senile Gangrene	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Gangrene	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cellulitis	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of the Integumentary System	4	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VIII.—DISEASES OF THE BONES	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
IX.—CONGENITAL MALFORMATION OF THE HEART	4	2	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Congenital Malformations	7	3	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
X.—DISEASES OF EARLY INFANCY	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	21	14	14	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE IV.—(continued).

CAUSES OF DEATH.	AGES AT DEATH.																				Total Deaths at all Ages.	Total Deaths, whether Resident or Non-Resident, in Public Institutions in the District.			
	Total.		0-1		1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85	85+	Un- known Age					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
Diseases of Early Infancy (<i>contd.</i>)—																									
Infantile Atrophy, Debility,																									
Marasmus	22	13	9	13	9																				
Atelectasis	11	10	1	10	1																				
Want of Breast Milk	1	1	...	1	...																				
Injuries at Birth	2	...	2	..	2																				
Lack of Care	6	3	3	3	3																				
XI.—OLD AGE—	131	48	83	...	...											1	...	5	12	26	37	16	34	...	39
XII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES—																									
Hanging	8	4	4	...	...									1	1	...	2	1	...	1	...	...	...	...	...
Firearms ... ..	...	...	...	...	...													...	...	...	...	...	...	...	...
Cutting or Piercing ... ..	...	...	...	...	...													...	...	...	...	...	...	...	...
Jumping from a High Place	1	..	1	...	...									1	...	...	...	...	...	...	...	...	...	...	...
Other Suicides	1	1	...	...	...									...	1	...	...	...	...	...	...	...	...	...	...
ACCIDENTAL—																									
Poisoning by Foods	2	1	1	...	...										1	...	1	...	...	...	...	...	...	...	...
Burns	5	2	3	...	...										1	...	...	...	...	...	...	...	...	...	...
Suffocated whilst sleeping with Parents... ..	4	3	1	3	1													...	...	...	...	...	...	...	...
Inhalation of Coal Gas	1	...	1	...	...													...	...	...	...	...	...	...	...
Drowning... ..	10	7	3	...	...									1	2	1	...	1	...	...	...	...	...	...	...
Injury by fall	18	12	6	...	...									5	1	1	...	1	1	...	5	3	...	...	...
" Vehicle Traffic	15	7	8	...	...									2	1	1	...	2	2	...	1	...	...	...	...
" Animals ... ..	...	...	...	...	...													...	...	...	...	...	...	...	...

The following Table gives particulars as to the known cases of Measles during 1915.

Ages.	First case in house attended School.		First case in house did not attend School.		Totals.	
	Ages of First Cases.	Ages of Secondary Cases.	Ages of First Cases.	Ages of Secondary Cases.	Ages of First Cases.	Ages of Secondary Cases.
0—3 months ...	—	—	—	—	—	—
3—6 „ ...	—	4	2	—	2	4
6—9 „ ...	—	10	5	3	5	13
9—12 „ ...	—	7	4	1	4	8
1—2 years ...	—	58	16	3	16	61
2—3 „ ...	—	36	13	4	13	40
3—4 „ ...	24	61	11	7	35	68
4—5 „ ...	67	32	8	5	75	37
5—6 „ ...	148	14	—	2	148	16
6—7 „ ...	100	9	—	8	100	17
7—8 „ ...	58	6	—	—	58	6
8—9 „ ...	24	9	—	1	24	10
9—10 „ ...	4	4	—	1	4	5
10—11 „ ...	3	3	—	—	3	3
11—12 „ ...	4	—	—	1	4	1
12—13 „ ...	8	2	—	—	8	2
13—14 „ ...	7	7	—	—	7	7
14+ „ ...	7	5	—	—	7	5
Totals ...	454	267	59	36	513	303

In addition to above, 39 Soldiers were notified as suffering from Measles.

The ages of the children known to have suffered from Whooping Cough are as follows :—

0—3 months ...	...	4	6—7 years ...	...	84
3—6 „ ...	...	6	7—8 „ ...	...	39
6—9 „ ...	...	13	8—9 „ ...	...	7
9—12 „ ...	...	7	9—10 „ ...	...	4
1—2 years ...	...	43	10—11 „ ...	...	3
2—3 „ ...	...	56	11—12 „ ...	...	2
3—4 „ ...	...	53	12—13 „ ...	...	0
4—5 „ ...	...	72	13—14 „ ...	...	3
5—6 „ ...	...	97	14+ „ ...	...	2
Total ...					495

Schools Closed 1915.

Preston National...	...	5th March—19th March	...	Measles
St. Mary's Infants	...	18th March until after		
		Easter Holidays...	...	Whooping Cough and Mumps.

NOTIFICATIONS OF BIRTHS.

The following table shews the number of births notified since July 1st, 1909 :—

Notified by	1909. July—Dec.	1910.	1911.	1912.	1913.	1914.	1915.
Doctor	226	389	416	272	263	255	265
Midwife	842	1749	1670	1571	1681	1596	1490
Parent	89	137	168	141	141	183	121
Doctor and Midwife ...	10	7	10	7	2	5	1
Doctor and Parent ...	9	4	11	5	1	2	4
Midwife and Parent ...	20	5	—	—	1	—	3
Other relative	2	1	9	8	1	—	2
Taken from death returns	1	3	—	—	—	—	—
Total { Births	1199	2295	2284	2004	2090	2041	1886
{ Still-births...	50	79	61	83	74	65	77
Total Registered Births	—	2612	2584	2488	2477	2346	2247

Of the number of notifications received during 1915, 78 were sent only after the issue of a circular letter, pointing out that notification was required by the Act. Up to the present, no one has refused to notify after receiving an intimation of the obligation to do so.

Over 84 per cent. of births are notified apart from direction from this office.

APPENDIX I :

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Infection.—Only four of the cases occurring in Brighton seem to have been infected by known cases. Two children, aged 5 and 3, played in a room of a neighbour's house in which a case of the disease was being nursed ; both children were infected and died. These two children in their turn appear to have infected their brother, aged 6, who was attacked the day after their removal to hospital. Another instance of infection is that of a girl of 3, who slept with her mother who suffered from the disease. She sickened two days after her mother was removed to hospital. No case occurred amongst the medical or nursing staff.

Early Symptoms.—Headache, pain in the neck, shivering, vomiting, giddiness and a feeling of weakness or pain in the legs, are all common symptoms of the onset. The sign which gives the most reliable guide in diagnosis is neck stiffness to forward rolling of the head in the middle line. This sign is practically always present to a greater or lesser degree. It nearly always means meningitis,* but gives no indication as to whether it is tuberculous or coccal. Kernig's sign is usually present and persists through the illness and well into convalescence.

Rash.—Whilst a majority of our cases had no rash the rash when present was very suggestive. *Haemorrhage* of all sizes, the finest punctate petechial and coarser haemorrhages, were found on trunk and extremities, but not on the face. The haemorrhagic rash had no prognostic significance.

Facial Herpes occurred in 38 per cent of the cases.

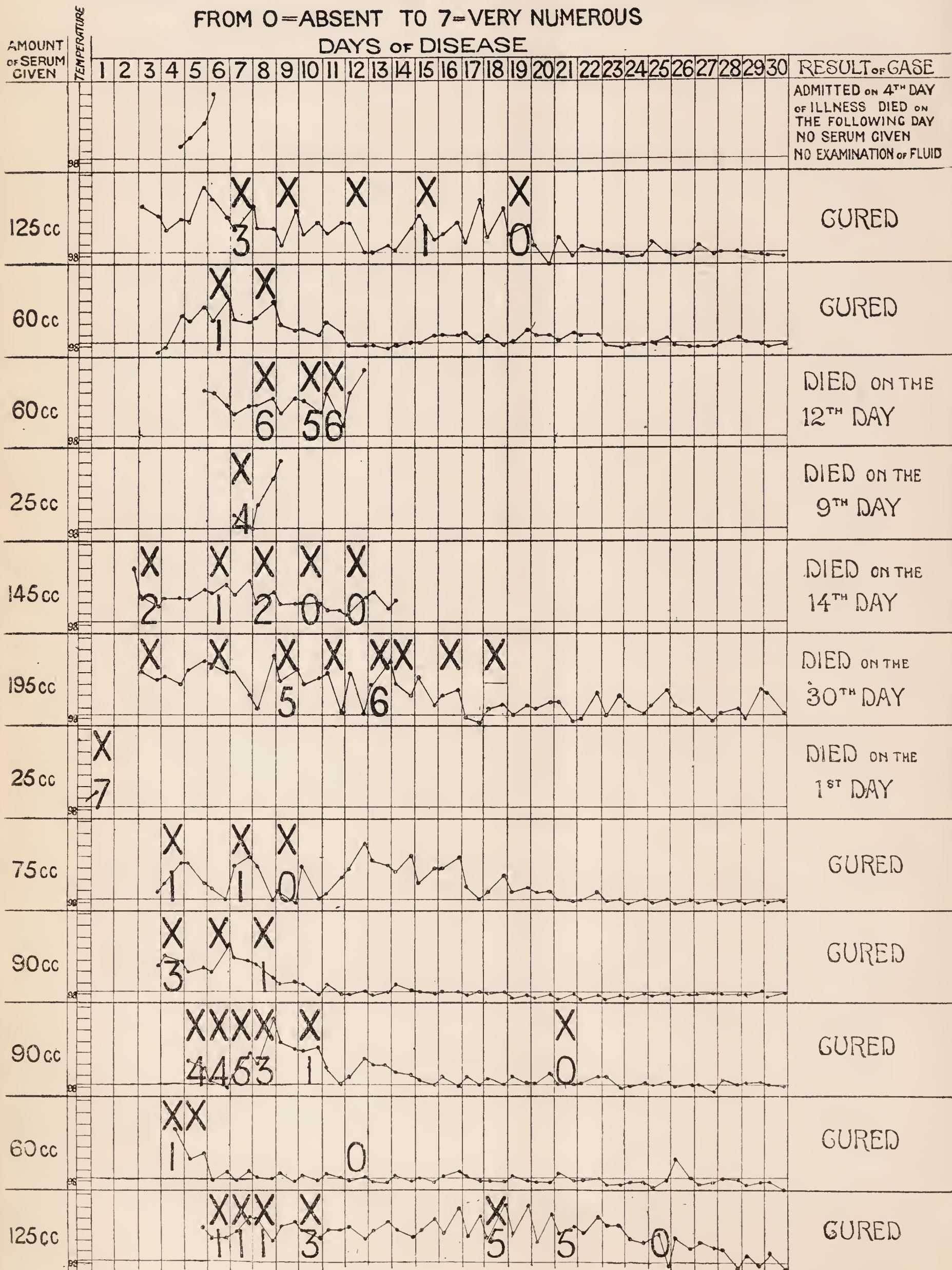
Prognosis.—A common error is to give a grave prognosis when a patient is unconscious and delirious at the onset ; those patients not infrequently recover consciousness and do well. It is a different matter if the unconsciousness is prolonged over 24 hours particularly if it is associated with signs of paralysis, a grave prognosis is then justified. In the acute stage the best guide is the number of organisms present. If some of the fluid is at once centrifuged and examined, then roughly the gravity of the patient's condition is relative to the number of organisms present (see accompanying charts). If some fields have to be searched before organisms are found, then the course of the disease is likely to be favourable ; if, on the other hand, large numbers of organisms, and particularly extra cellular organisms, are found the patient is gravely ill. A definitely yellow fluid in chronic cases points to a fatal termination.

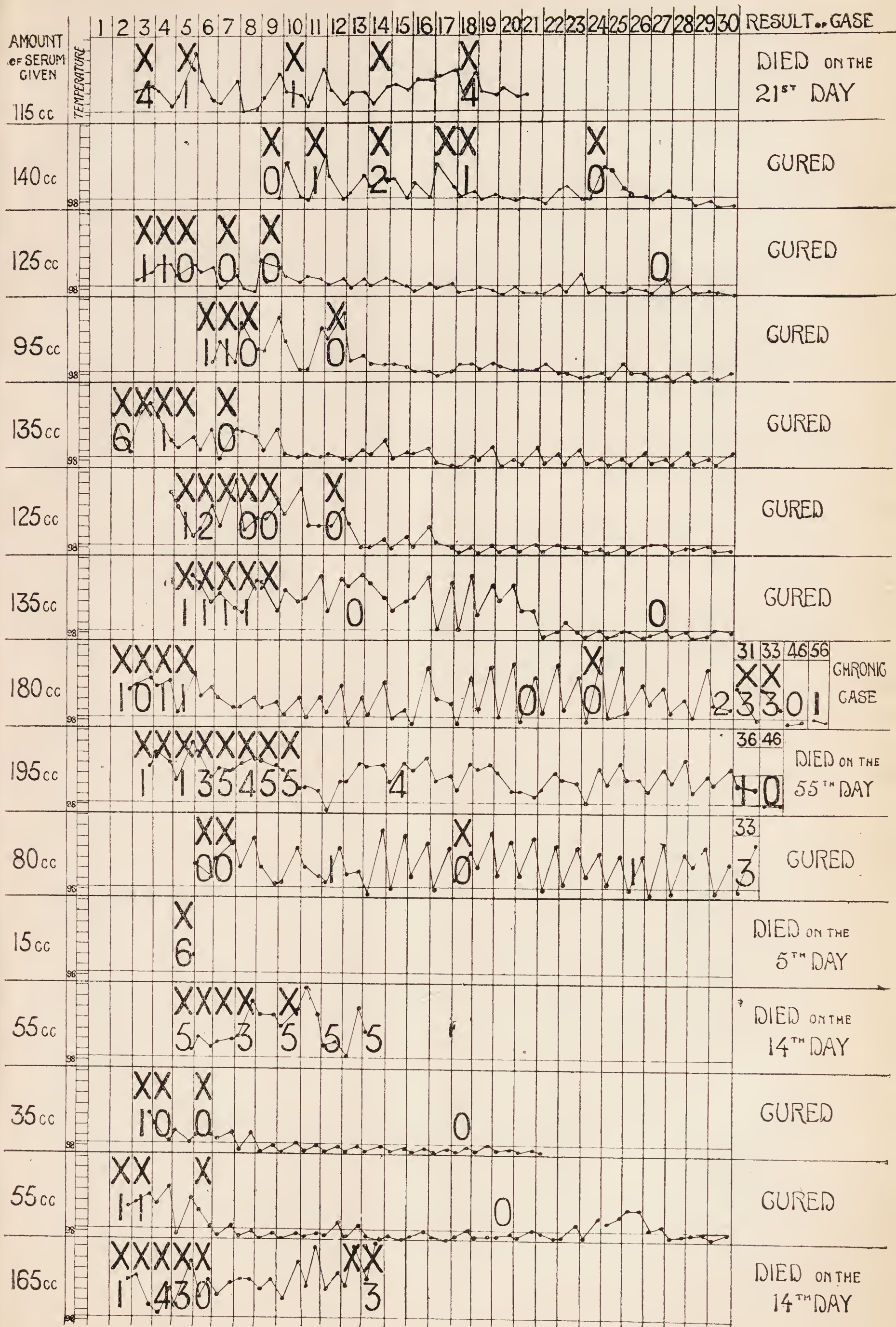
* Neck stiffness is at times present in cases of acute anterior poliomyelitis, also in acute infections in infants (Erysipelas, Pneumonias).

X SHEWS DAYS INJECTIONS WERE GIVEN
FIGURES SHEW RELATIVE NUMBER OF COCCI FOUND

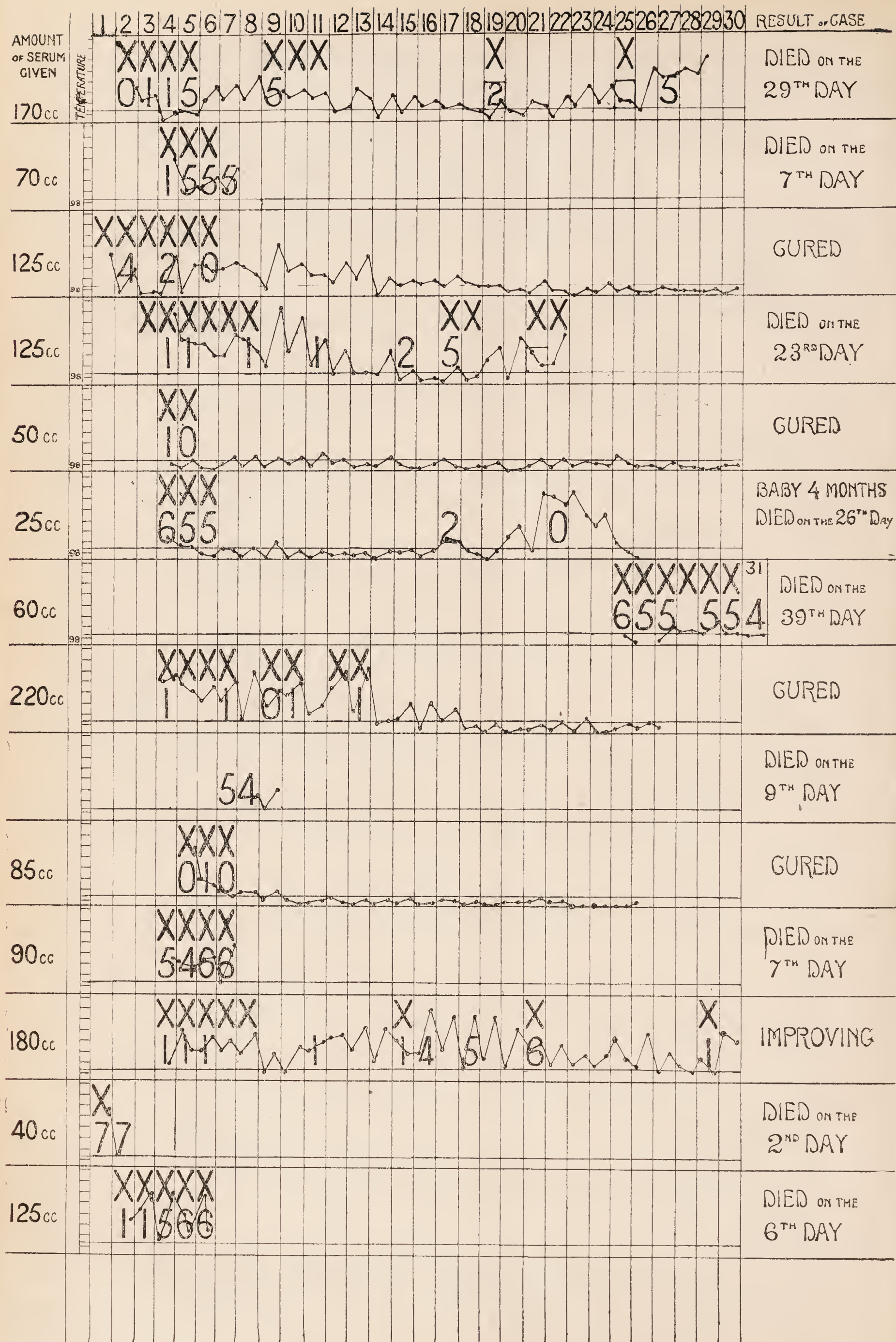
FROM 0=ABSENT TO 7=VERY NUMEROUS

DAYS OF DISEASE



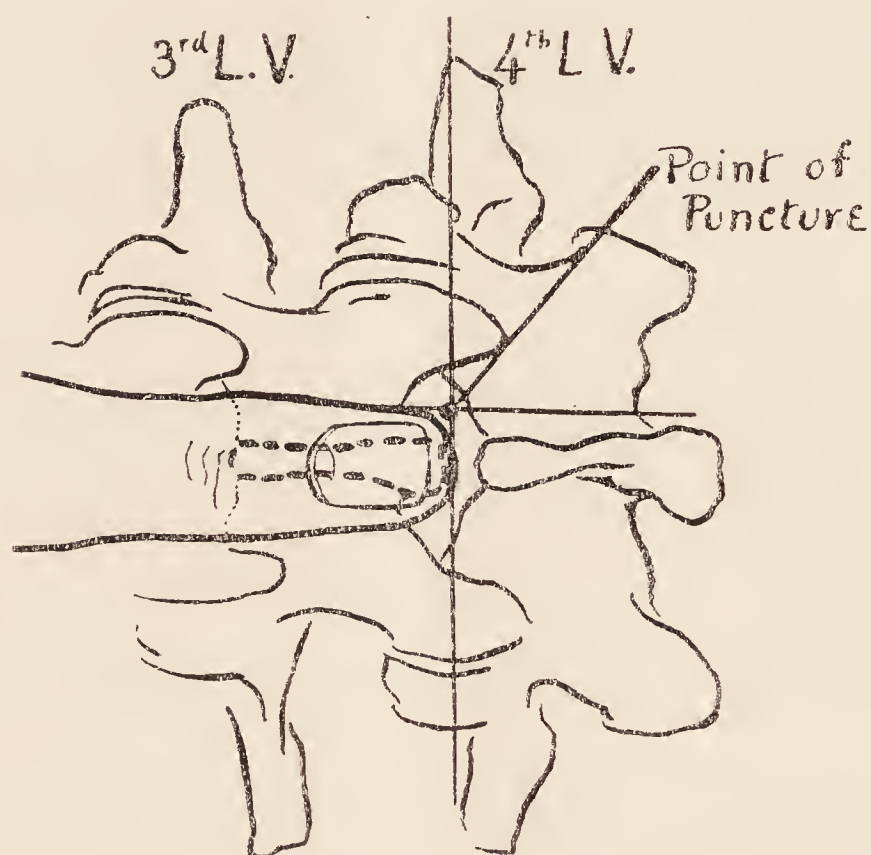


Case 8 on this page died.



Case 6 on this page died from an inter current attack of Measles.
Case 12 cured.

Diagnosis.—Nearly all persons, young children excepted, with the neck stiffness described above, suffer from meningitis (see foot note, page 55). If the onset has been sudden then probably a coccus is the cause, if the patient has been ailing some time then probably the condition is tuberculous. Unfortunately, the history of onset and the symptoms give no absolute guide, some cases of tuberculous disease having a sudden onset and running an acute course. The only readily available means of diagnosing the kind of meningitis is lumbar puncture. If polymorphs are abundant then the disease is probably coccal; if Gram negative diplococci are present the disease is epidemic cerebro-spinal meningitis; if Gram positive diplococci are seen then it is probably a pneumococcal form of the disease; in one case of infection from the nasal sinuses no cocci were found, streptococci being discovered post mortem. The fluid may be clear and on centrifuging be found to contain lymphocytes and a few polymorphs; such a case is usually tuberculous, but may be a chronic form of a coccal infection. A consideration of the history of the case is useful in such instances.



Lumbar Puncture—A diagram shewing one method used in adults is given. An antitoxin needle some $3\frac{1}{2}$ in. long is required. The patient should lie on his left side and pull up the knees and throw forward the head and shoulders so that the back is kept bent as much as possible. A line joining the iliac crests crosses the fourth lumbar spine and puncture may be made as high as between the first and second lumbar spines in adults, but not above the third lumbar spine in infants. Lower spaces are usually chosen.

Notification.—Neck stiffness allows an easy diagnosis of cerebro-spinal meningitis. To distinguish the particular form, lumbar puncture is required. All that should be expected from the general practitioner is the notification of all cases of *meningitis*. The Local Authority should provide an expert to puncture and to find out the exact diagnosis. Unfortunately the Order of 1912 only requires the notification of cerebro-spinal fever defined in the accompanying memorandum as *epidemic cerebro-spinal fever*, the result being that sporadic cases of the disease sometimes called basal meningitis are not notified. Each year many deaths are returned as due to meningitis, no notifications having been received. As notification

of these cases is not compulsory the Medical Officer of Health is at a decided disadvantage in forming an opinion as to the incidence of the various forms of the disease.

Treatment—Puncture to relieve pressure, particularly during the first stage of the disease, is good. The result of treatment with serum is doubtful. It is discouraging to find the number of organisms actually to increase whilst serum treatment is in progress. Until some hundreds of cases are treated with serum and a similar number of alternate cases are treated by puncture only, no idea of the effect of serum treatment can be arrived at. In Brighton I now treat cases alternately with and without serum. If a number of hospitals followed this plan their combined figures would be of great value. Judging from the 1916 series to date, serum has no beneficial effect.

Raising the foot of the bed on blocks, stools, and lockers, certainly profoundly affects the course of the disease. I hope for good results in the future from this method which I suggested and which is being worked out by Dr. E. Cohen and myself. (See *Lancet*, page 1075, 1916).

Health Department,
Town Hall, Brighton,
15th November, 1915.

APPENDIX II.

CASES OF INFANTILE PARALYSIS.

This disease was made notifiable on 1st September, 1912, by order of the Local Government Board. In order that general practitioners should be constantly kept in mind of the diseases requiring notification, these diseases are set out on the cover of each book of notification forms. Notwithstanding this, several practitioners seem to have forgotten that Infantile Paralysis is a compulsorily notifiable disease. If this is generally so, the returns of notifications of this disease made by the Medical Officers of Health to the Local Government Board, do not shew even approximately the incidence of the disease.

I first learnt of the presence of the disease from notifications received from the House Surgeon at the Sick Children's Hospital. As I received from her no fewer than six notifications of the disease in the five weeks ending September 18th, I thought that there must be cases occurring in general practice which had not been notified. In order to bring the matter to the notice of all general practitioners practising in Brighton, on September 29th, I informed the Deputy Medical Officer of Health of Hove of the facts and arranged that a letter and also copy of the Local Government Board's Memorandum dated November, 1911, should be sent by us to every practitioner resident in our respective boroughs. As a result of this action, other cases were notified but many of these notifications referred to patients who had been attacked many weeks prior to the date of notification.

To illustrate this point I set out below the particulars as to dates of onset and notification.

Weeks ending ...	Feb 20	July. 24 31		Aug. 7 14 21 28				Sept. 4 11 18 25				Oct 2	Letter sent Oct. 5th	Oct. 9 16 23 30				Nov. 6 13		Dec. 3 24	
Onset ...	1	1	2	—	—	1	5	3	2	4	2	1		1	2	—	1	1	—	—	—
Notification ...	—	—	1	—	—	—	1	1	1	1	1	4		2	7	3	—	1	1	1	2

The ages of the patients were as follows :—

0—1	1	2	3	4	5	6	7	8	9	10	10	Total.
2	6	7	3	2	3	3	0	0	0	1	0	27

It is of interest to note that 26 of the 27 cases were under seven years of age, one was ten years of age and that no cases occurred at a later age. The two children affected under one year of age were able to crawl at the time of onset.

DISTRIBUTION OF THE DISEASE IN BRIGHTON.

A spot map prepared for the Local Government Board shews that the cases were widely distributed and affected no particular locality. Taking the parish of Brighton and dividing it by a line from the sea to the Level, and from the Level along Ditchling Road, the incidence per 100,000 is found to be 28 to the east and 11 to the west of the line. On working out the figures as to the address at onset in 35 known cases in school children the respective incidences are 46 for the east and 13 for the west. To the east of the line mentioned the people are poor relatively to those on the west.

On the spot map the position of occupied stables is shewn as it was thought probable that biting flies would be more numerous near stables. The distribution does not suggest any relationship. Biting flies were not found in any of the affected houses nor was any history of their presence obtained : this may be accounted for by the lateness of the notifications and the consequent delay in investigation.

DUST.

(1) *Rainfall*—There is apparently no relation between rainfall and the number of cases. If the disease is dust-carried the cases should be most numerous after a spell of dry weather.

(2) The streets in which the cases occurred were with two exceptions side streets with little traffic. The two exceptions were Trafalgar Street and Gloucester Street. If the disease is dust-carried the cases should be mostly on and near main thoroughfares.

FOOD.

Apples—It may have been because of the season of the year that in 13 of 16 cases there was a history of apple eating.

The three exceptions include two babies, who were still being suckled, and a boy aged 14 months, who was being weaned at the date of onset.

MILK.

There was no common milk supply.

INFECTIVITY.

(I) *Of patients who have suffered from the disease.*

Case No. 23, M., 4 years, onset October 28th. He returned to Brighton on October 25th. Previously he had been staying in Newhaven for four months, and during that time had lived in the same house with a large family, one of whom—a girl aged 5 years—suffered from Infantile Paralysis in June, 1913. I am told that this girl still has a limp. *Case No. 23* lived in the same street (3 doors off) as *Case No. I*, onset 20th July. These two children may have been in contact. If *case No. 23*, was infected by *case No. I*, the incubation period must have been of a duration of three days or less.

Case No. 21, M., 2 years. A brother, aged 17 years, had Infantile Paralysis when aged 3 years : he still wears a surgical boot. There is no history of recent illness. *Case No 21* sleeps with his father and mother.

Case No. 8, M, 10 years. An only sister, aged 16 years had paralysis of the hip three years ago. At that time she was examined by the School Doctor who diagnosed the case as one of Infantile Paralysis with paralysis of extensor and abductor muscles of the left thigh. The paralysis lasted nine months, but the girl is now quite without limp. The brother and sister slept in the same room, but in separate beds.

Case No. 26, M., 6. The father of this patient whilst gardening in October, 1904, suddenly found that he could not raise his right arm from his side. At the time he was run down, but suffered from no illness. Paralysis was permanent. By a curious coincidence *Case No. 26* suffered from exactly the same paralysis as his father, the deltoid and scapular muscles of the right side being affected in both instances.

(2) *Of persons attacked in the present epidemic.*(a) *Contacts in houses in age groups :—*

0—4	5—9	10—14	15—19	20 and over.	Total.
24	27	21	10	71	153

No contact has suffered even from a suspicious illness during the four weeks before and after the onsets in the patients, with one exception as follows :—

Case No. 2, M., 14 months, onset August 20th. A cousin 13 months old, living in the same house, began with diarrhoea on August 20th. On August 21st he vomited in the morning and had several “convulsive fits” during the next three days. On two subsequent occasions he has had convulsions. No paralysis has been observed and he is quite well at present.

(b) Multiple cases in streets

The particulars regarding Case No. 23 and Case No. 1, which occurred in Sloane Street have already been noted. (page 62 paragraph 2).

In G——— *Street* two cases occurred, one in a public house and one in a house opposite. The mother of the child first affected was a customer at the public house. In this instance the secondary case was discovered whilst inquiries were being made as to the history of the first case.

The particulars are as follows :—

Case No., 4. F., 3 years, onset August 30th. *Case No.* 6, F., 16 months, onset September 12th.

In Whichelo Place three cases occurred, the ages and dates of onset are as follows :—

Case No. 12, M., 2 years ; onset August 28th.

Case No. 5, F., 2 years ; onset September 17th.

Case No. 21, M., 2 years ; onset October 2nd.

None of these families visited each other. In this street a house to house visitation was made on October 25th, 26th and 27th and inquiry was made as to the recent health of every individual. This resulted in the discovery of only one suspicious illness in a street population of 429. On inquiry from the doctor in attendance the case was ascertained to be one of chorea.

In Lennox Street three cases occurred. *Case No.* 27, F., 18 months, onset August 26th. *Case No.* 18, F., 22 months, onset September 7th, and *Case No.* 22, M., 5 years, onset October 12th.

(c) *School*.—Three of the cases were school children who attended three different schools.

HISTORY OF ILLNESS.

Vomiting occurred on the first day of illness in 10 cases, when present it was one of the earliest symptoms ; in 16 cases there was no history of vomiting. Headache was a common early symptom and was, at times, severe.

Convulsions occurred in none of the cases neither was delirium noted.

Drowsiness was one of the most frequent and marked symptoms, mothers frequently remarking on it. Parents said that their children “ wanted to sleep all the time,” “ lay about and slept ; ” in relation to a previously restless infant, “ lay in my arms quite quiet.” This sign was noted on the first or second day. In six of the 27 cases the parents said that there was no drowsiness.

Pain—Some stiffness of the neck to forward bending and Kernig’s sign were present in four cases examined by me early in their illness.

Many of the patients were extremely sensitive to touch and cried out on being moved. Localized pain frequently preceded the onset of paralysis in the limbs ; pain at the back of the knee was complained of in three cases.

In only two cases was sore throat reported ; in one other there was nasal discharge with earache on the second day of illness.

In 11 cases profuse sweating was a marked sign although in five of these cases it occurred about the head only, ‘in great beads.’

Other points were : a history of fall in three cases, bleeding from the nose in one case and blood in the faeces in another case.

The days of disease on which paralysis was noticed are as follows :—

Day of disease ...	1	2	3	4	5	7	9	14	?	Total.
Number of cases ...	3	5	9	2	2	2	1	1	3	27

The Paralysis. As ascertained by M.O.H.

Extremities.	Lower only.			Upper only.		Upper and Lower.	Total.
	Right.	Left.	Both.	Right.	Left.		
Persistent ...	6	8	2	1	4	4	25
Temporary ...	—	—	1	—	—	1	2

It will be observed that in only two cases was the paralysis temporary, and it is only in those two cases (Cases 15 and 18) that there can be any doubt as to the diagnosis.

Isolation of cases—After consultation with the Chief Medical Officer of the Local Government Board on October 15th, the attached letter (see form A) was sent to the secretaries of the Sick Children’s and the Sussex County Hospitals and a ward was opened at the Sanatorium for the admission of these cases. Only one case was admitted.

Isolation at Home—A letter (see form B) was sent to the parents. Isolation for six weeks is recommended and the patient is excluded from school for three months. School contacts are excluded up to the date of disinfection of the home at the end of the sixth week. If the patient is removed to hospital contacts return to school at the end of a fortnight.

The patients were treated as follows :—

In Isolation Hospital	...	...	...	...	...	...	1
Sussex County Hospital	}	In patients	...	...	...	...	5
		Out patients	...	...	...	...	4
Sick Children’s Hospital	}	In patients (one died)	...	...	...	...	2
		Out patients	...	...	...	...	7
Chichester Hospital, Out patient	...	...	...	...	...	...	1
Private Practitioner (two suffered from temporary paralysis)	...	...	...	...	...	...	4
Medical Mission	...	...	...	...	...	...	1
Private Masseuse	...	...	...	...	...	...	1
St. Thomas’ Hospital, London	...	...	...	...	...	...	1

Diagnosis—It is well understood in Brighton that general practitioners can consult with the Medical Officer of Health in doubtful cases of infectious

disease. When there is any doubt as to this diagnosis, specimens of cerebro-spinal fluid are taken for examination. In the fatal case specimens were reported on by Dr. Galt, the Ralli Memorial, Royal Sussex County Hospital.

(COPY.)

26th October, 1915.

FORM B.

DEAR SIR,

ACUTE ANTERIOR POLIOMYELITIS.

As several cases of the above infectious notifiable disease have recently occurred in Brighton, I have communicated with the Chief Medical Officer to the Local Government Board as to his views with regard to isolation.

He is of opinion that such cases during the acute stage should not be nursed in the general wards of any hospital. On the other hand, if due precautions are taken he does not object to their being isolated and nursed in side wards.

I should be glad if you would submit this letter to your Committee so that the precautions mentioned may be taken, at least during the first six weeks of illness.

I may say that accommodation is now provided for such cases at the Infectious Diseases Hospital.

I am,

Yours faithfully,

The Secretary,
Hospital.

(Signed) DUNCAN FORBES,
Medical Officer of Health.

October 5th, 1915.

FORM B.

Precautions to be taken in cases of Acute Anterior Poliomyelitis.

DEAR SIR,

Your child has been notified to me as a case of the above disease. As it is an infectious disease you must isolate the child in a room by himself and you must not allow anyone to enter the room excepting the person who is nursing him.

You must not expose him in public until your doctor has certified him as free from infection and the room and bedding has been disinfected.

Runnings from the nose are very dangerous and for these rags should be used and burned. To prevent the spread of infection a nose and throat spray of a weak solution of permanganate of potash should be used.

If you cannot afford to take the precaution recommended, please let me know, and you will be supplied with a spray and disinfectant solution.

I am,

Yours faithfully,

Medical Officer of Health.

Annual Report

ON THE

MEDICAL INSPECTION, &c.,

OF

SCHOOL CHILDREN

OF THE

County Borough of Brighton

FOR THE YEAR 1915.

BY

DUNCAN FORBES, M.D., B.Sc., D.P.H.,
School Medical Officer,

AND

C. W. HUTT, M.A., M.D. (Cantab), D.P.H. (Oxford),
Senior School Doctor.

BRIGHTON :

THE SOUTHERN PUBLISHING CO., LTD., 130, NORTH STREET.

SCHOOL CLINIC,
7, GLOUCESTER PLACE,
BRIGHTON.

17th May, 1916.

LADIES AND GENTLEMEN,

We beg to present the School Medical Report for the year 1915. The parts to which we would more especially draw attention are mentioned below.

Use has been made of the School Clinic and Medical Inspection generally as a means of promoting School Hygiene (see page 70). Information relating to classes for stammering children is given on page 72. The working of the scheme in connection with verminous children is detailed on page 75; its value as a means of bringing neglected children to the notice of the Education Committee is mentioned on page 76.

The census of crippled children is given on page 81. The importance of the examination of the contacts of the children suffering from ringworm of the scalp is emphasised on page 85. A report in connection with the employment of certain defective children is given on page 90.

The value of the Special School in connection with the working of the Mental Deficiency Act Committee has made itself apparent to a considerable degree during the past year.

The importance of school children not being allowed to follow unsuitable employment while in attendance at school (not to lift too heavy weights, etc.,) should be noted (see page 91).

Dr. Adamson, the Junior School Doctor, joined the army for temporary service in June, 1915; his place has been temporarily filled by Dr. G. F. England, a gentleman of over military age.

We are, Ladies and Gentlemen,

Your obedient Servants,

D. FORBES,

C. W. HUTT

MEDICAL DEPARTMENT AND SCHOOL ATTENDANCE.

Although the primary duty of the School Medical Staff is to detect ailing children and either treat or make arrangements for their treatment, there is another duty of great importance, that of ensuring that the arrangements of the Medical Department not only interfere as little as possible with the attendance at school, but, on the other hand, as far as possible prevent loss of school attendance. The scope of the Medical Department is very considerable in this respect; it has been shown that from 60 per cent. to 70 per cent. of the absence from school is due to medical reasons, actual or alleged.

HOW ATTENDANCE IS ENCOURAGED.

(a) The doctors, at the Inspection Clinic held three times a week, examine children presented by the School Attendance Officers and report thereon. This system has been in force since the commencement of the work of medical inspection.

(b) The treatment, afforded at the Treatment Clinics, enables the child to be rapidly cured and fit to attend school again.

(c) In connection with the provision of spectacles, arrangements are made for the children to be seen as far as possible out of school hours, also, whilst the pupils are being dilated preparatory to the further examination, the scholars are allowed to attend school under conditions which will not harm them.

(d) The children operated on for enlarged tonsils or adenoids, are seen shortly after operation so that unnecessary absence from school is discouraged.

(e) A very considerable loss of attendance in children suffering from ringworm of the scalp is prevented by allowing the children to attend school providing necessary precautions are carried out. The carrying out of these precautions are supervised by School Nurses during the course of their routine visits to the schools.

(f) The scheme for dealing with verminous children ensures the keeping of close supervision over the children absent from school for verminous conditions.

(g) Children suffering from infectious diseases return to school at the earliest period possible, consistent with their not being a cause of the spread of the disease. Various modifications have been made in the period of exclusion from time to time which have the effect of diminishing with safety the length of absence from school.

The Committee are doubtless aware that a Register must now be kept at the School Clinic of children attending for inspection and treatment. In those cases where the children are fit to return to school and a minimum of two hours attendance can be made at the School Clinic and the school, the attendance may be counted as a school attendance. Certificates are made out and sent to the Head Teachers with regard to these children. This procedure has been in force since September, 1914.

SCHOOL HYGIENE.

A considerable endeavour is made to use the Clinic and Medical Inspection generally as a means of promoting School Hygiene in the widest sense of the term. During 1914 most of the members of the District Children's Care Committee attended at the Clinic and were afforded an opportunity of seeing the work in full swing. The arrangements were explained to them so that they might know, when visiting at the homes, how the Clinic could be utilised in connection with the treatment of the defective children. In addition written suggestions were given to the Care-workers as to the arguments they might justifiably use when persuading the parents to send their children for treatment.

A somewhat varied use of the Clinic was made in 1915, when the students of the Municipal Day Training College attended in batches and were shown children suffering from various diseases. This was done in order to enable them, when teaching children in a class, to be able to detect the various children who should be sent to the doctor for treatment. Visits were also paid to the schools while Medical Inspection was proceeding, and to the Special School for Mental Defectives, where typical cases were shewn and the important points as regards the diagnosis and education of such children gone over. It was subsequently gratifying to learn that the results of the examination of these students in school hygiene shewed an improvement on those obtained in previous years.

An important improvement effected in the year, under report, is to ensure that all class teachers are directly informed as to the physical defects of the children in their class as discovered by the doctor at the Medical Inspection. The names of the defective children and the recommendations as to individual treatment, alteration of the curriculum, etc., have been hitherto sent to the Head Teacher shortly after the Medical Inspection. The Committee passed a resolution that the Head Teacher should be instructed to pass this information on to the Class Teachers, and to make arrangements whereby, when such defective children were transferred from one class or school to another, the information should be passed on to the appropriate person.

No important structural alterations have been carried out in the schools during 1915.

THE DETECTION OF PHYSICAL DEFECTS AMONG SCHOOL CHILDREN.

A full and detailed account of the way in which routine medical inspection is carried out has been given in previous Annual Reports.

An arrangement made for the first time in the year under report, is for children detected as suffering from some defect when inmates of the Borough Isolation Hospital for Infectious Diseases, to be reported to the School Medical Staff for any necessary action to be taken.

In addition, the occurrence of complications such as ear discharge, etc., in such children is reported to the School Medical Staff, when arrangements are made for any necessary treatment, due regard being paid to the necessity of avoiding infection.

GENERAL STATEMENT OF THE EXTENT AND SCOPE OF MEDICAL INSPECTION DURING 1915.

VISITS TO SCHOOLS AND DEPARTMENTS.

316 visits have been made to 78 departments of the 33 schools ; 162 for routine inspection, 83 for the examination of children for free meals and 71 in the course of special enquiries, made by the School doctors ; the last figure includes a fortnightly visit to the Special School for mentally defective children.

THE SELECTION OF CHILDREN FOR INSPECTION.

- The following is the grouping of children inspected during 1915 :—
- 1. New entrants since the 1914 inspection (s. 13, Education Act, 1907).
 - 2. Children born in 1902, *i.e.*, in their 13th or 14th years.
 - 3. Children born in 1906, *i.e.*, in their 9th or 10th years.
 - 4. Children selected as defective by the Teaching and School Medical Staff.

A child is thus examined at least three times during his school life *viz.*, on entrance and at the ages of 8-9 and 12-13.

THE NUMBER OF CHILDREN INSPECTED.
Number of Children Inspected during 1915, at Routine Inspection.

Age ...	ENTRANTS.						LEAVERS.					Grand Total.
	3	4	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	
Boys ...	87	238	332	169	—	826	554	310	2	—	866	1692
Girls ...	74	214	375	175	—	838	530	305	2	—	837	1675
Totals ...	161	452	707	344	—	1664	1084	615	4	—	1703	3367

Age ...	Intermediate Group.					Special Cases.	Re-examinations (<i>i.e.</i>) No. of children. re-examined.
	7	8	9	10	11		
Boys ...	53	298	624	56	23	243	1050
Girls ...	62	283	618	58	18	241	963
Totals ...	115	581	1242	114	41	484	2013

CHILDREN REFERRED FOR SUBSEQUENT OR FURTHER EXAMINATION.

Seventy-three children were referred for subsequent examination, *i.e.*, 1·3 per cent. of the total inspected (5,460).

INSPECTION CLINIC.

The following table indicates the nature of the defect necessitating the attendance of the child at the Inspection Clinic :—

Mental Capacity	...	...	4	Rheumatism	...	...	...	24
Speech Defects	...	...	6	Infectious Diseases	...	...	...	98
Verminous Conditions...	...	...	1	Contacts with Infectious Di-				
Defects or Diseases of :—				seases	...	...	...	11
Nose and Throat	...	...	148	Debility	...	...	...	20
Glands of Neck	...	...	56	Rickets	...	...	...	7
Teeth	...	...	18	Diseases of joints and bones	...	...	...	3
Ear	...	...	9	Accidents and injuries	...	...	...	18
Eye (excluding vision)	...	...	10	Watching List (advisability of				
Vision	...	...	199	provision of meals)	...	...	...	17
Circulatory System	...	...	25	Other defects	...	...	...	35
Respiratory System	...	...	108	No defect present	...	...	...	46
Nervous System	...	...	71					
Alimentary System	...	...	106					
Urogenital System	...	...	20	Total No. of children	...	...	...	1128
Skin	...	...	36					
Tuberculosis	...	...	41					

The number of attendances made by these children were 1,831. Certain other children (73) attended the Clinic in connection with their further examination. Another set (37) attended in connection with a complete examination for tuberculosis.

SPEECH DEFECTS.

Classes for stammering children have been held in 1912, 1913 and 1915 ; the classes in 1912 were of an experimental nature and held at the Evening Schools from 6.30 to 8 p.m. on three nights a week for over three months, but, being held out of school hours, difficulty was experienced in securing regular attendance. In 1913, three classes, each lasting three months, were arranged ; each child attended either for the morning or afternoon session, the remainder of the school time being spent in their ordinary schools. Ninety-three children were accommodated, of whom 81 attended regularly ; of these, 35 improved markedly, 25 made fair improvement, 14 slight, and 7 no improvement.

During the last term of 1915, the Committee employed a whole-time teacher, capable of giving instruction according to the system of Professor Berquand.

A class of 12 boys were instructed at the schoolroom of the Dorset Gardens Wesleyan Chapel. Details of the condition of the speech, etc., of the boys before and after the class are given below. In our opinion, a considerable measure of success has been attained.

In order to secure the help and interest of the parents, the following advice was sent to them in the form of a circular :—

ADVICE TO PARENTS AND GUARDIANS OF CHILDREN WHO ARE
STAMMERERS.

1. Stammering is not a disease or an incurable malady, but a *bad habit*, caused by trying to speak while breathing in instead of speaking while breathing out. Although the explanation is simple, it requires careful training before a stammerer is able to get out of this bad habit.

2. Teach and encourage your child to speak slowly, pronouncing each syllable of a word separately. Always see that he breathes deeply before attempting to reply.

3. Let him read aloud slowly in the manner taught him in the class for quarter to half an hour every evening.

4. Encourage him to take up singing or to practise recitation.

5. Let him get *ten hours sleep* every night.

6. Sympathise with him and give him all the encouragement you can.

Details as regards the condition and progress of the boys is given below in tabular form :—

Age of Boys	Stop Position at fault.	Speech Defects.				Contortions.				Remarks on re-examination after Class.
		Before Tuition.		After Tuition.		Before Tuition.		After Tuition.		
13*	Rhythm of respiration disturbed.	Severe	...	Slight	...	Forehead-Lips.	None	...	—	
13*	All	Severe	...	Slight	...	None	...	None	...	Repeats his sentences.
12	1 and 3 Rhythm of respiration disturbed.	Verysevere		Slight	...	Jaw	...	None	...	—
12	All	Moderate		Slight	...	None	...	None	...	Slight lisp persists.
12	1	Severe	...	Moderate		Forehead-Lips.		Lips	...	A "lazy boy."
12	1 and 2...	Moderate		Slight	...	Protrudes head.		None	...	—
12*	1, 2, 3	Slight	...	None	...	Forehead-Lips.		None	...	—
11	All	Severe	...	None	...	Jaw	...	Markedly better.		Speaks without intonation.
11	Rhythm of respiration disturbed.	Severe	...	Slight	...	Forehead		None	...	Lisps only occasionally. Speech still slow, but now distinct.
11*	1. 2, 3	Severe	...	Slight	...	Lips	...	None	...	—
9*	1 and 2...	Severe	...	Slight	...	Forehead, Eyes, Lips and Jaw.		Markedly better	...	Speaks with marked intonation.
9	1	Slight	...	None	...	None	...	None	...	Very satisfactory result.

* Attended Saturday Class.

On the boys returning to their ordinary school a circular on similar lines was sent to the Head Teacher and Class Teacher in order to enable them to assist in the maintenance of the improvement in the child's speech.

A copy of the circular follows :—

TO THE HEAD AND ASSISTANT TEACHER.

A..... B....., as you are doubtless aware, is suffering from an impediment in his speech.

To rid himself of this he should practise a certain method of speaking *at all times* ; your kind co-operation is asked to assist him in carrying out the following during school hours.

Will you, therefore, as far as you come into contact with the child, kindly see that he acts as follows :—

1. Always breathes *deeply* through nostrils before attempting to speak.
2. Always speaks syllabically and in measured tones.
3. Always re-commences any sentence in which he experiences a difficulty.

Your kind co-operation and encouragement of the child will go a long way to helping him to get rid of the defect which, unless it is cured now, will prove a great hindrance after leaving school.

(Signed) C. W. HUTT, M.D.

The time-table of the Class is given below :—

TIME TABLE.

CLASS FOR DEFECTIVE SPEECH.

	9.30 to 9.45.	9.45 to 10.30	10.30 to 11.15	11.15 to 12.	
Monday Tuesday Wednesday Thursday Friday	{ Registration and Scripture	Breathing, Physical and Vocal Exercises.	Reading and Recitation	Writing Composition Arithmetic Composition Arithmetic	
	1.45 to 2.	2 to 2.15.	2.15 to 3.	3 to 3.30.	3.30 to 4.
Monday Tuesday Wednesday Thursday Friday	{ Registration and Topical Talks.	Music ... Mental Arithmetic Recitation Mental Arithmetic Music ...	{ Breathing, Physical and Vocal Exercises	Hygiene ... Reading ... Music ... Reading ... General Conversation.	History Difficult sounds Geography Difficult sounds

Ordinary instruction was afforded at the Class, but chiefly by oral methods ; a short time was also devoted to written arithmetic and writing ; composition was both oral and written.

ANTHROPOMETRIC MEASUREMENTS.

As a means of estimating "nutrition" apart from "physique," the relation of weight to height has been employed. In order to do this a table has been constructed shewing the average weight at a definite series of height measurements.

Height in cm.	<i>Boys.</i>				<i>Girls.</i>			
		Total Examined.	Average weight in kilos.			Total Examined.	Average weight in kilos.	
80	...	17	...	11.7	...	44	...	11.7
85	...	182	...	13.0	...	224	...	12.5
90	...	842	...	13.7	...	803	...	13.8
95	...	1744	...	14.7	...	1743	...	14.9
100	...	2692	...	15.9	...	2449	...	16.0
105	...	2984	...	17.4	...	2877	...	17.4
110	...	3013	...	18.7	...	2974	...	18.5
115	...	2655	...	19.9	...	2682	...	21.0
120	...	2696	...	22.3	...	2498	...	22.4
125	...	2784	...	24.6	...	2655	...	24.3
130	...	2955	...	26.5	...	2671	...	26.6
135	...	2991	...	28.4	...	2450	...	29.2
140	...	2778	...	31.8	...	2383	...	32.5
145	...	2194	...	34.5	...	2177	...	35.4
150	...	1399	...	36.6	...	1689	...	38.9
155	...	606	...	40.1	...	972	...	41.1
160	...	172	...	43.7	...	333	...	45.0
165	...	71	...	48.0	...	57	...	48.7
		32775					31681	

Each height number and the corresponding weight represents the average of the five numbers of which it is the centre, *e.g.*, the totals for 100 are those of 98, 99, 100, 101, 102 cm.

VERMINOUS CONDITIONS.

Verminous conditions may be considered under two headings; verminous conditions affecting the body and clothing and verminous conditions of the hair of the scalp.

With few exceptions, each of the departments of the schools is visited once a fortnight by the school nurses to examine the children for verminous conditions.

A systematic scheme for dealing with verminous children was adopted by the Education Committee in 1913.

There is no doubt that the close supervision thus maintained over verminous children not only prevents a considerable loss of school attendance, but also enables the Committee to detect at once any instance of *neglect* on the part of the parents or guardians; when, for other reasons in connection with their administrative duties, the Committee has endeavoured to ascertain the existence of neglect on the part of the parents, it is usually found that in those cases where evidence of neglect is forthcoming from the School Attendance Department, the name of the family

has appeared more than once on the register of verminous children liable for prosecution under the scheme. Thus parents, notorious for their failure to ensure the absence of vermin on their children, often fail to take the necessary steps to remedy physical defects and secure treatment for the ailments of their children. They are often well known to the School Attendance Officers as requiring to be summoned from time to time with regard to their failure to ensure the children's attendance at School even when no medical reason is alleged for their absence.

From time to time we find that the failure to cleanse the children is due to the absence of any person in the family capable of carrying out the necessary measures. When the mother dies leaving the widower with a large family of children, verminous conditions often occur among the little ones ; it is not to be expected that a girl of 12 years old or even older should be able to bestow the degree of attention on the children necessary to prevent or cure the condition.

Excessive drinking, especially on the part of the mother, is undoubtedly the reason of the neglect in a certain number of the cases.

Details of six typical cases are given below :—

No. 1. Father a general labourer and hawker ; earns 21s. a week : rent 5s. 6d.

Mother assists husband at times by selling fire wood.

2 daughters aged 16 and 18 years irregularly employed in daily work.

5 children under 14 years of age : 2 children attending school aged 6 and 10 years : 3 children below school age, 4, 2 and 1 years old.

The house is very dirty. When summoned before the Magistrates an offer was made to withdraw the summons, providing that the parents would allow the house to be cleansed by the Health Authorities, but this offer was refused. The father has assaulted the School Attendance Officer : when before the Committee he threatened to strike a Member of the School Medical Staff.

No. 2. Father an old man, receives the Old age Pension, does some paper-hanging. Lives with a woman, who, on the information of the Superintendent School Attendance Officer was removed in a filthy condition to the Poor Law Infirmary.

Rent 2s. 6d. a week : Old Age Pension of 5s.

3 children at home aged 10, 14 and 16 years ; the two latter earn 6s. and 7s. a week respectively.

No. 3. Father in the baking trade ; a steady man ; earns 21s. a week ; rent 5s. a week.

Mother addicted to drink.

The child has been under the School Clinic for four years, suffering from ear discharge. She does not receive adequate attention from the mother for this ailment and also suffers from eye disease which, if taken in time, would probably not have affected the child's eyesight to so marked an extent. The child is a girl of 9 years : the mother has only this child to look after.

- No. 4. Father a taxi-driver. Earns 30s. a week ; rent 11s. a week. The neglect in this case is on the part of the step-mother, who is addicted to drink and pawns her husband's goods. 5 children in the family ; 3 of school age, aged 13, 8, 5 years, and 2 below school age, aged 4 and 2 years.
- No. 5. Father now a soldier : before joining the Army was of very indolent habits and for years did not support his family. Rent 7s. a week. Mother an industrious woman, the bread winner of the family. She now receives 37s. a week to maintain her family. Six children in the family, five of school age, aged 10, 12, 9, 8, 5 and one below school age, aged 2 years. One child receives a special boot from the New Year Boot Fund, but is often seen wearing unsuitable worn-out ordinary boots.
- No. 6. The mother a rag-sorter earning 10s. a week. Rent 3s. a week. She has been deserted by her husband for several years and now is of unsatisfactory moral character. She has at present three children depending upon her for support, aged respectively 11, 9 and 8 years.

It was shown in last year's Annual Report that three-quarters of the most verminous children in the Borough can be cleansed by their parents in a few days.

Another striking fact elicited was the much greater prevalence of verminous conditions in the senior departments as opposed to the infant departments ; this can only be accounted for by the greater care bestowed on the younger children by their parents.

The number of attendances made at the Skin Clinic by verminous children in connection with the scheme was 2199 made by 940 children.

The loss of school attendance is considerable in certain instances. Seven children (three boys, four girls) were excluded from school for a considerable period (more than six weeks) on account of their verminous condition, the average duration of absence of these children being seven weeks.

The total number of prosecutions during 1915 was 38 ; in 35 instances a fine, varying from 2s. 6d. to 12s., was inflicted at the first hearing ; of the three adjourned cases, one was subsequently fined, making a total of 36 cases in which a fine was inflicted.

WORK OF THE SCHOOL NURSES.

The following table, prepared from the school nurses' fortnightly reports, gives some idea of the amount of work which these conditions entail. The figures refer to the number of *examinations* made of children who were actually verminous, and not to the number of cases, which was, of course, much less.

	No. of Examinations.
Verminous condition of head and body ...	4939
Ringworm	455
Impetigo	723
Scabies	17
Other conditions	280
	<hr/> 6414 <hr/>

The number of visits to school departments, for the purpose of securing cleanliness, was 994. Visits were also paid to the homes of the children in order to instruct the parents as to their responsibilities and as to how to carry out cleansing processes.

WORK IN CONNECTION WITH THE EDUCATION (PROVISION OF MEALS ACT), 1906 AND 1914.

In the Report for 1908, a short history of the movement and the administration and organization were given.

The method of selection of the children for the meals, and the part played by the Medical Department, were detailed in last year's Annual Report.

Of the 206 children who received any free meals, 85 were recommended by the School Doctor on medical grounds; 121 were not recommended by the School Doctor, but were fed on economic grounds.

ENLARGED TONSILS AND ADENOIDS.

From February, 1913, up to December 31st, 1915, 651 operations had been performed at the Sanatorium, 170 of these being carried out in 1915. In connection with these latter 147 attendances were made shortly after operation by 140 children.

The statistics are as follows :—

152	attended one year after operation ; improvement noted.
170	were operated upon.
In 13	the parents refused to allow operation.
In 40	operation was postponed.
In 80	it was decided that operation was unnecessary.

Total 455

EAR DISEASES.

Otorrhoea (ear discharge), was present, at the time of inspection, in 91 cases out of 5,460 children, *i.e.*, 1.6 per cent. 336 children suffering from ear discharge attended the Treatment Clinic on 4,619 occasions and 63 children, suffering from other ear trouble, attended on 93 occasions.

A definite history of previous otorrhoea was obtained in 225 cases, *i.e.*, 4.1 per cent. of children examined; and this is probably an under-estimation of the true number who had suffered previously with this trouble.

DISEASES OF THE EYE AND DEFECTIVE VISION.

The arrangements allow of most of these children being treated at the School Clinic. A detailed analysis relating to the children attending for treatment is given below :—

TREATMENT OF EYE DISEASES AT CLINIC.

Disease.	Total	
	No. of Children.	No. of Attendances.
Ciliary Blepharitis	153	955
Corneal Ulcer	3	11
Conjunctivitis	123	694
Phlyctenular Conjunctivitis with or without Keratitis	45	427
Styes	26	86
Other eye diseases	18	43
	<hr/> 368 <hr/>	<hr/> 2216 <hr/>

As regards children with *defective vision* those with vision of $\frac{6}{18}$ (Snellens' test-types) or less, with strabismus without great amblyopia, and with signs or symptoms of eye strain were recommended to seek treatment, or were given advice.

During 1915, exclusive of children re-attending on account of squint, etc., 284 children attended the refraction clinic on 509 occasions.

The somewhat formidable procedure involved before a child can obtain a pair of spectacles, unfortunately still has to continue under the present arrangements. In the case of children requiring repair to spectacles a striking improvement has been effected. The Head Teachers have been instructed to send children requiring repairs of the frames, sides, etc., direct to the Education Office to obtain the order for the optician. Where the lenses are broken, however, it is still necessary for the children to attend at the Clinic after they have received the order from the Education Office.

Also the charge for the prescription and provision of spectacles now includes the cost of repair. The excuse made by some parents that they had to wait to get the money or could not afford to repair the children's spectacles no longer holds good.

Seventy-nine children came to the Clinic to have their broken spectacles seen to : in addition 123 orders on the optician were issued by the Education office, thus 202 children in all had their spectacles mended through the agency of the Education Committee.

SQUINT.

Treatment.—In order to promote a successful result, the child must be placed under treatment as soon as possible after the development of the squint. This fact, unfortunately, is not realised yet by a considerable proportion of the parents, but, with the arrangements now in force for the

medical inspection of children under school age, not only is the earlier detection of such children facilitated, but an opportunity is afforded of impressing this fact on parents.

In addition to prescribing spectacles in a certain number of cases (26), a shade has been provided to cover the eye with the better vision, so as to make the child use the eye with worse vision, the squinting eye. The shade used is that devised for the purpose by the late Dr. Bendle, of the Somersetshire School Medical Staff.

The children are asked to re-attend in order that the degree of improvement may be ascertained, also to modify the length of time the eye is kept shaded.

76 attendances have been made for this purpose since this work was initiated. The results obtained are sufficiently encouraging to merit continuance of the work which is however handicapped to some extent by the failure of some of the parents to re-attend with their children.

TUBERCULOSIS.

The following cases were notified in 1915 :—

				Active.	Quiescent.
Tuberculosis of lungs	...	...	...	5	2
Tuberculosis of joints and bones	...	...	...	2	1
Tuberculosis of glands	...	...	...	13	1
Tuberculosis of skin	...	...	...	2	—
Tuberculosis of peritoneum	...	...	...	1	1
				—	—
Total	...	...	...	23	5
				—	—

In addition, at the routine medical inspection scars of tuberculous glands were met with in 13 boys and 19 girls, *i.e.*, .6 per cent. of the children inspected.

A certain number of children suspected of suffering from pulmonary tuberculosis, 37 were seen by the School Medical Staff, in consultation with the Tuberculosis Officer.

We are fortunate in being able to send to the Borough Sanatorium a considerable proportion of children suffering from the disease affecting the lungs or joints.

EDUCATION OF MENTALLY DEFECTIVE CHILDREN.

The facts relating to attendance, &c., are as follows :—Accommodation : 40 ; average number on roll for 1915 : 48 ; average attendance : 41.

Attending January, 1915	...	...	48
Admitted during 1915	...	...	12
Left during 1915	...	...	14
Attending December, 1915	...	...	46

The following were the types among 46 children in the special school :—

Mongolian, 2 ; mental deficiency associated with epilepsy, 6 (major epilepsy, 2, petit mal, 4) ; with cerebral paralysis, etc., 3 ; genetous, 35.

The *instruction* given is largely practical ; handwork occupies the larger portion of the time-table (see Annual Report, 1914).

The record of the children who have left the school during 1915 is as follows :—

Boys.

One excluded on medical grounds.

Three left at 16 years of age, two of whom were referred to the Mental Deficiency Act Committee.

Two excused at 14 years of age for work.

Two left the town.

Girls.

Three left at 16 years of age, two of whom were referred to the Mental Deficiency Act Committee.

One excused at 14 years of age.

Two were found ineducable and referred to the Mental Deficiency Act Committee.

Thus six children, two boys and four girls were placed under the care of the Mental Deficiency Act Committee.

PHYSICALLY DEFECTIVE CHILDREN.

Below is given the results of an investigation into the causes and degree of crippling in Brighton, among the cripple children of the elementary school status between the ages of 5 and 16 years.

Of 118 cripple children (68 boys and 50 girls) the developmental defects account for 16, acquired disease for 102. Of the latter the nervous system is at fault in 59 children ; whilst 40 suffer from tuberculous disease and three suffer from other disease of bones and joints. It will be seen that the largest proportion of the crippling is caused by infantile paralysis.

NON-TUBERCULOUS CRIPPLES.

			BOYS				GIRLS				Total.
			Num-ber.	Degree of crippling			Num-ber.	Degree of crippling			
				Slight.	Moder-ate.	Much		Slight.	Moder-ate.	Much.	
<i>Developmental Defects—</i>											
Congenital dislocation of hip—											
	Right	—	—	—	—	1	—	—	1	1	
	Left	1	—	1	—	4	—	3	1	5	
	Both	—	—	—	—	1	—	1	—	1	
Amputation of leg—											
	Right	—	—	—	—	1	—	1	—	1	
Club foot—											
	Left	3	—	2	1	—	—	—	—	3	
	Both	2	—	1	1	—	—	—	—	2	
Lack of development of leg—											
	Right	1	—	1	—	—	—	—	—	1	
Lack of development of arm—											
	Left	—	—	—	—	1	—	—	1	1	
Arrested development of thumbs—											
	Both	1	—	1	—	—	—	—	—	1	
<i>Acquired disease—</i>											
Acquired diseases.											
Infantile Paralysis—											
Arms—											
	Right	—	—	—	—	2	1	1	—	2	
	Left	4	3	—	1	2	2	—	—	6	
Legs—											
	Right	8	2	5	1	8	4	2	2	16	
	Left	13	3	8	2	6	1	4	1	19	
	Both	5	2	1	2	2	—	—	2	7	
Ditto, Arms and legs											
	R. Arm, R. leg	2	1	1	—	—	—	—	—	2	
	L. Arm, L. leg	1	—	1	—	—	—	—	—	1	
Hemiplegia—											
	Right	1	—	1	—	1	—	1	—	2	
	Left	2	—	1	1	1	—	1	—	3	
<i>Diseases of bones and joints—</i>											
Chronic Synovitis											
	knee—										
	Left	1	—	1	—	—	—	—	—	1	
Erb's Paralysis Arm											
	Left	—	—	—	—	1	—	1	—	1	
Osteomyelitis leg—											
	Left	—	—	—	—	1	1	—	—	1	
Fractured spine ...											
	...	—	—	—	—	1	—	—	1	1	
			45	11	25	9	33	9	15	9	78

Below in tabular form are given details as to the children crippled by tuberculosis. We have excluded from the list, children suffering from diseases of the bones not causing interference with the movements of the joints.

TUBERCULOUS CRIPPLES.

Part affected					Boys'	Girls'	Total.
Spine ...	...	...	...	...	10	3	13
Hip ...	...	...	...	...	9	7	16
Knee ...	...	...	...	...	2	3	5
Ankle ...	...	...	...	...	1	2	3
Foot ...	...	...	...	...	1	—	1
Shoulder ...	...	...	...	...	—	1	1
Elbow ...	...	...	...	...	—	1	1
					23	17	40
					—	—	—

No special arrangements at present exist for the special education of this group. A few children have been accommodated in the ordinary elementary schools : extra provision in the way of special chairs and tables being made where necessary. A list of such articles is now kept by the Children's Care Department of the Education Committee, so that when a child leaves school the chair and table are readily available when required for another child.

During 1915 twenty-three children were seen by the Senior School Doctor ; in eighteen of them recommendations as below were made to the Honorary Secretary of the New Year Boot Fund as to the supply of boots.

Head Teachers are asked to notify the Children's Care Department when these boots need repairing, and arrangements are then made for this to be done by the maker of the boots, and the cost is defrayed from the Tindal Robertson Fund.

RECOMMENDATIONS FOR TREATMENT OF CRIPPLED CHILDREN.

Date of Birth.	Disease : (part affected).	Nature of appliance, &c.	Date of Birth.	Disease : (part affected).	Nature of appliances, &c.
A. B. 23-5-09.	Infantile paralysis, L. leg.	Ordinary boot, but smaller than boot for other foot.	F. G. 30-9-05.	Tuberculous hip, R.	Surgical boot.
A. S. 13-10-07.	Double club foot.	Surgical boots.	C. B. 23-10-04	Tuberculous hip, R.	Surgical boot.
W. L. 21-9-07.	Infantile paralysis, R. leg.	Pair of ordinary boots, soles to be made up slightly on inner side of R. foot.	L. M. 28-9-04.	Tuberculous hip, L.	Surgical boot.
C. L. 16-12-06.	Infantile paralysis, L. leg.	Surgical boot, valgus strap and outer iron.	*R. K. 9-6-03.	Infantile paralysis, B. legs.	Surgical boots, iron inner side of L. leg, inner strap. Surgical boot.
G. J. 20-8-06.	Infantile paralysis, R. thigh and leg.	Surgical boot.	M. H. 5-5-02.	Infantile paralysis, R. leg.	Surgical boot.
J. C. 13-3-06.	Infantile paralysis, L. leg. Amputa- tion of foot.	Special boot, with circular sole fitting base of stump	K. G. 17-10-01.	Congenital hip, R.	Surgical boot.
*A. T. 8-2-06.	Infantile paralysis. Both legs.	Special boot.	N. S. 30-6-01.	Tuberculous disease of knee.	Special boots.
†G. B. 29-5-05.	Congenital club foot.	Surgical boot and outer iron	E. P. 4-5-01.	Infantile paralysis, L. leg.	Surgical boot.
			G. M. 27-5-01.	Infantile paralysis, L. leg.	Surgical boot, outer iron.
			J. B. 28-9-08.	Infantile paralysis, L. thigh and leg.	Surgical boot, valgus strap and outer iron

*Referred to Sussex County Hospital for advice.

† Referred to Sussex County Hospital for massage.

REPORT OF THE SCHOOL DENTIST.

Inspection.—During the past year the School Dentist has paid 49 visits to schools, and has examined the teeth of 1,554 children. The number of children examined at routine inspection was 1,035, comprised as follows :—

<i>Infants.</i>		<i>Seniors.</i>		<i>Total.</i>	
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
177	144	397	317	574	461

In addition, 519 children were examined at the Dental Clinic, at the request of the Head Teachers, School Medical Staff, Parents, Hospitals, &c.

Treatment.—860 children were treated, involving 2593 attendances.
Of these children :—

73 were Infants derived from the routine inspection.

332 were also Infants, but derived from other sources.

455 were elder children and were referred to the Clinic by the School Doctors, Head Teachers and Hospitals, or were brought by the parents themselves.

How attendance is encouraged.

(1) Pain is reduced to the minimum. Before proceeding to complete difficult fillings medicated dressings are applied. For extractions either a local anaesthetic is injected or nitrous oxide gas administered ; the former is the method commonly employed, the latter being used from time to time for the extraction of permanent teeth in older children.

Nitrous oxide gas was administered by the School Doctors to 181 children (21% of those treated) for the extraction of 249 permanent and 64 temporary teeth.

(2) Up to the present no charge has been made for treatment.

Treatment is of two kinds, preventive and curative. *Preventive* treatment in Brighton has had for its object the saving of the teeth which are in use during the greater part of school life, and also the removal of teeth too decayed for restoration and likely to infect the second dentition. The annual re-inspection of treated cases lessens to a marked degree the necessity for further extractions.

Advice is given orally to parents and children at the Dental Clinic as to the need of cleansing the teeth.

Curative treatment.—The treatment of children suffering from tooth-ache and alveolar abscess has absorbed a great deal of time. A number of cases of oral deformity caused by early decay of temporary teeth, tongue sucking and mouth breathing, have been treated by extraction and grinding.

Summary of Teeth treated during 1915.

	Extractions.			Fillings.				Dressings.	Grindings.
	With Local Gas.	No. Anaes-thetic.	No. Anaes-thetic.	Amal-gam. and Cement	Amal-gam.	Cement.	Gutta Per-cha.		
Temporary	64	208	291	17	353	38	6	484	19
Permanent	249	40	9	212	524	847	6	513	24
Total	313 +	248 +	300	229 +	877 +	885 +	12	997	43
	861			2003					

860 children treated. Average per child = 1 extraction, 2.5 fillings, 1 dressing.
(Extraction usually indicates the removal of the remains of a decayed tooth i.e., a "stump.")

SKIN DISEASES.

The following table shews the forms of skin disease treated and number of cases and attendances for treatment :—

Treatment Clinic for Diseases of the Skin.

Disease.		Total No. of Children.		Total No. of Attendances.
Ringworm, scalp ...	...	215	...	1570
„ scalp and skin		22	...	222
„ skin ...	...	102	...	561
Impetigo, scalp ...	...	260	...	1527
„ face ...	...	904	...	2642
„ scalp and face ...		75	...	501
„ other parts ...	...	153	...	508
Scabies ...	...	116	...	946
Alopecia ...	...	19	...	63
Seborrhoea ...	...	45	...	60
Psoriasis ...	...	8	...	34
Eczema ...	...	44	...	175
Septic Sores ...	...	58	...	252
Other skin diseases ...	...	68	...	146
Other diseases ...	...	193	...	610
Totals ...	...	2282	...	9817

In addition, 59 children were treated for ringworm of the scalp by X-rays ; also 44 other children attended for observation after X-ray treatment.

RINGWORM.

Special efforts have been made to ascertain the extent of Ringworm of the scalp among the elementary school children, a separate list of those affected being kept for each department. The school nurses take the list to the department on the occasion of their fortnightly visit. They are thus able to supervise the wearing of caps, the use of an ointment, &c., in the case of those children permitted to return to school if certain precautions are carried out. Any necessary alterations to the lists are made at once by the clerks as the result of information supplied by the nurse and head teachers, also from the Treatment and Inspection Clinics.

We have always considered that ringworm, and ringworm of the scalp in particular, is a disease which spreads, especially to children belonging to the same family or living in the same house. But this has not hitherto been proved.

In order to ascertain the presence or otherwise of the disease among such children, careful enquiry has been made as to the names, schools, &c., attended by the other children living in the same house, when they were subsequently examined. When the information is being obtained from the parents at the home, the opportunity of examining the children not of school age thus afforded is utilised.

The results are given below in tabular form.

Out of 275 contacts, no less than 48 were affected with ringworm of the scalp, *i.e.*, one out of every six children living under the same roof as a sufferer catches the disease. As might be expected, the probabilities of acquiring the disease appear, from the figures given below, to be less when the child lives in the same house but does not belong to the same family; the figures are, of course, small in the case of children living in the same house, only six having probably caught the disease by reason of having dealings with a lodger's or landlady's child.

It will be seen that 11 of the 48 children with ringworm of the scalp were below school age.

Number of first cases in family or house investigated, 103.

In same family :—

Below school age—with disease	...	10	No disease	...	48
Attending school,					
below school age	„	6	„	...	11
Of school age	„	25	„	...	108
Left school	„	1	„	...	23
		—			—
		42			190
		—			—

In same house :—

Below school age—with disease	...	1	No disease	...	9
Attending school,					
below school age	„	1	„	...	4
Of school age	„	4	„	...	19
Left school	„	0	„	...	5
		—			—
		6			37
		—			—

SCABIES.

Eighty-five definite cases were seen at the Clinic. Ointment only was given in 71 cases, cure being effected in an average of 65 days; in two of these children the disease recurred. The remaining 14 children received special treatment at the Clinic as their length of absence from school had become considerable. The method of treatment, which is being continued, is as follows :—

The children soak their hands and arms for 20 minutes by the clock in hot water, kept warm by the addition of further hot water. They scrub each hand and arm for ten minutes, using a nail brush and sulphur soap. Special basins and nail brushes, labelled “Itch,” are used. The water used for scrubbing the arms is thrown down the sink as soon as possible. The nail brushes are sterilised after use by boiling in a steriliser.

The duration of treatment of all cases was as follows :—

No. of days.							Cases.
10 - 19	...	...	...	...	...	...	5
20 - 29	...	...	...	...	...	...	12
30 - 39	...	...	...	...	...	...	6
40 - 49	...	...	...	...	...	...	16
50 - 59	...	...	...	...	...	...	5
60 - 69	...	...	...	...	...	...	6
70 - 79	...	...	...	...	...	...	4
80 - 89	...	...	...	...	...	...	4
90 - 99	...	...	...	...	...	...	4
100 - 109	...	...	...	...	...	...	2
110 - 119	...	...	...	...	...	...	3
120 - 129	...	...	...	...	...	...	3
140 - 149	...	...	...	...	...	...	3
150	...	...	...	...	...	...	1
170 - 179	...	...	...	...	...	...	5
182	...	...	...	...	...	...	1
210 - 219	...	...	...	...	...	...	3
224	...	...	...	...	...	...	1
263	...	...	...	...	...	...	1
							—
							85
							—

VACCINATION.

The number and approximate size of vaccination scars was noted in each child examined. Of 5,640 children, 32·5 per cent. shewed no vaccination marks.

The following table shews the results of this examination.

Age.	Total Examined.	Number with no Visible Marks.	Number of Marks.					Total Area of Marks.					Of total No Vaccinated.	
			Percentage.					Percentage.					Per cent. with under 1 sq. in.	Per cent. with 1 sq. in. & over.
			0	1	2	3	4	0	$\frac{1}{32}-\frac{1}{8}$ sq. in.	$\frac{5}{32}-\frac{1}{4}$ sq. in.	$\frac{9}{32}-\frac{1}{2}$ sq. in.	$\frac{17}{32}-1$ sq. in. or more		
3	161	95	59·0	10·6	6·8	9·3	14·3	59·0	3·7	11·2	11·2	14·9	86·4	13·6
4	452	269	59·5	9·7	8·8	5·7	16·3	59·5	6·2	7·5	14·4	12·4	86·9	13·1
5	707	383	54·2	7·8	12·0	7·6	18·4	54·2	4·1	8·6	13·9	19·2	82·1	17·9
6	344	168	48·8	10·8	9·9	11·3	19·2	48·8	4·7	10·2	10·7	25·6	76·7	23·3
7	115	47	41·0	9·5	9·5	9·5	30·5	41·0	2·6	7·8	8·6	40·0	64·7	35·3
8	581	162	27·9	17·5	17·5	11·1	26·0	27·9	6·3	16·2	19·3	30·3	80·2	19·8
9	1242	329	26·5	21·0	15·3	12·1	25·1	26·5	5·8	16·2	17·1	34·4	75·5	24·5
10	114	33	29·0	15·8	14·9	10·5	29·8	29·0	2·6	11·4	14·9	42·1	71·6	28·4
11	41	10	24·4	4·9	9·8	19·5	41·4	24·4	0·0	2·4	17·1	56·1	32·3	67·7
12	1084	193	17·8	24·4	22·2	11·1	24·5	17·8	13·3	17·5	21·4	30·0	18·2	81·8
13	615	145	23·6	22·6	19·3	9·8	24·7	23·6	10·6	13·5	22·6	29·7	23·8	76·2
14	4	1	25·0	0·0	0·0	50·0	25·0	25·0	0·0	0·0	0·0	75·0	33·3	66·7

ATTENDANCES AT SCHOOL CLINIC.

The total number of attendances at the School Clinic in 1915 was 25,706, of which 22,611 were attendances for treatment.

	No. of Children.	No. of Attendances.
Verminous conditions	940	2199
Skin diseases	2282	9817
X-ray treatment of Ringworm	59	} 326
In addition after X-ray treatment	42	
Aural discharge and other ear disease	399	4712
Minor diseases of the eye	368	2216
To arrange for provision of spectacles	325	325
Refraction Clinic	284	509
Repair of spectacles	79	79
<i>Re</i> tonsils and adenoids	455	772
Dental Clinic	860	2593
Inspection Clinic	1128	1831
Further examination after routine Medical		
Inspection	73	73
Examination for pulmonary tuberculosis	37	37
Others	217	217
	<hr/> 7548	<hr/> 25706

THE EDUCATION OF DEFECTIVE CHILDREN.

Mention has been made in an earlier part of the report of the arrangements for the education of mentally defective and cripple children. A certain number of other markedly defective children are maintained in Residential Institutions by the Education Committee. Thus there are at present five boys maintained in the Blind Asylum, Eastern Road, and four girls in the Barclay Home; both these institutions are in Brighton; two boys and one girl are maintained at the Residential Institution for Epileptics at Lingfield; three boys and one girl are maintained at the Deaf and Dumb Institution in Brighton.

THE WORK OF THE AFTER-CARE BRANCH SUB-COMMITTEE.

The After-Care Committee has now been definitely made part of the official organisation of the Education Committee; it deals with the welfare (1) of children after leaving the Trafalgar Street Special School for the mentally defective and (2) of those children who have been educated by the Local Authority at various institutions, as indicated above.

Each case is visited at least twice a year. Reports are made, and notes entered on the "records," which are kept at the Special School.

The details of these records, for which we have to thank Miss Dyer, the Head Teacher of the Special School, are given in tabular form below:

After Care Statistics.

	Mentally Defective.		Blind.		Deaf. Including Deaf & Dumb.		Epileptic.		Totals.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys	Girls
Not under observation, transferred to other Schools ...	19	5	...	...	...	...	...	...	19	5
Transferred to Mental Deficiency Act Committee ...	2+6*	2+7*	...	...	...	...	...	...	2+6*	2+7*
Left Brighton, but not in Institution	6+1*	5	...	...	...	...	...	...	6+1*	5
Lost trace of ...	5+2*	5	...	1	1	...	...	1	6+2*	7
Dead ...	4+1*	3+1*	1	...	...	...	...	...	5+1*	3+1*
Discharged through illness ...	3†	1†	...	...	...	...	...	...	3†	1†
Discharged before M.D. Act as ineducable ...	1*	...	...	...	...	...	...	...	1*	...
In Institutions—										
<i>a</i> Colony ...	1	...	...	...	...	...	...	...	1	...
<i>b</i> Workhouse ...	...	2	...	...	...	...	...	...	...	2
<i>c</i> Prison ...	...	...	...	...	...	...	...	...	...	...
<i>d</i> Epileptic ...	...	...	...	...	...	...	2	1	2	1
<i>e</i> Blind ...	...	...	...	2	...	...	...	...	...	2
<i>f</i> Asylum ...	3+1*	...	...	...	...	...	...	...	3+1*	...
<i>g</i> Other Institutions	1	2	...	...	...	...	...	...	1	2
Useful at home ...	1	11	...	...	...	...	1	1	2	12
Not useful at home...	1+2†	4+1†	1	...	...	...	1	...	3+2†	4
Earning wages ...	22+1†	2	1	...	3	...	1	...	27+1†	2

*Discharged as ineducable.

†Discharged on account of illness.

The following list gives particulars of the nature of the employment of these children :—

Mentally defective.

<i>Boys.</i>	Employed by Corporation—road sweeper ...	1
	Employed in tin factory ...	1
	Plumber's boy ...	1
	At present in Army ...	7
	Working at brewery ...	2
	Munition works... ..	1
	At shoe makers ...	2
	Odd work ...	4
	Labourer ...	1
	Cobbling ...	1
	Selling tea ...	1

<i>Girls.</i>	Away in service with a relative ...	1
	Learning dressmaking ...	1

Blind.

<i>Boys.</i>	Piano tuning ...	1
--------------	------------------	---

Deaf and dumb.

<i>Boys.</i>	Shoe making ...	1
	A little fishing ...	1
	Odd work ...	1

Epileptic.

<i>Boys.</i>	Odd work ...	1
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JUVENILE EMPLOYMENT.

Shortly after the establishment of the Juvenile Employment Bureau, adequate arrangements were put into force whereby the Juvenile Employment Sub-Committee (of which the Senior School Doctor is a member) were informed of the physical condition of each child leaving the elementary schools. The details of the arrangements are as follows :—

The Juvenile Employment Cards are sent by the Juvenile Employment Officer to the School Clinic. From the latest record of the Medical Inspection of a child (either a routine medical inspection card or a later special card), the requisite details are recorded in the appropriate place on the card. In the case of any child defective to such a degree as to require special employment, a special note is written by the Senior School Doctor, who advises the Juvenile Employment Officer as to which particular occupations are suitable and unsuitable for the child.

This work has been facilitated by the writing of a report by the Senior School Doctor in 1913 on the relation of physical defect to employment.

It is interesting to note the fact that boys and girls with no special physical defect, except in so far as they are undersized, appear to have considerable difficulty in finding employment in Brighton.

As regards employment, physically defective children may be divided into two classes :—

(1) Those with a relatively slight defect, such as a moderate degree of defective eyesight, &c., who are debarred from taking up certain occupations, such as service under railway companies, &c., but are not otherwise handicapped in earning their living.

(2) Those with a severe defect, such as severe crippling following infantile paralysis, tuberculosis of the hip, &c. Many of such children will require special vocational training suited to their physical condition if full use is to be made of their capacities and prevent their requiring pecuniary assistance from the Poor Law Authorities.

Since the commencement of the arrangement for co-operation between the Juvenile Employment Bureau and the Medical Department, which came into force in September, 1914, special reports have been written by Dr. Hutt on 44 children.

These defects limited the scope of the children's usefulness to a considerable degree, and prevented their taking up several occupations with profit to themselves and the community and doubtless seriously injuring their earning powers, even in the more or less limited number of occupations suitable for them.

Heart disease was responsible for 14 ; in 13, the disease was acquired, and more or less preventable ; in the remaining child, the disease was congenital in origin.

Tuberculosis disabled six children ; the lungs had been attacked in four. Two others were crippled, one being a hunch-back and the other lame from a diseased knee. Six of the children were crippled by infantile paralysis, and two by congenital dislocation of the hip. Of the ten cripples, seven were lame and three could not use their arms.

The vision of eight children was markedly defective ; the eyesight of both eyes being considerably impaired in five children and of one eye in three children ; two of these latter children having each one blind eye.

Serious functional nervous disorders impaired the earning capacities of seven children ; in five, major epilepsy was present, and in one the lesser form (*petit mal*), while another child suffered from tic convulsif.

The incidence of these serious defects in boys and girls is approximately equal, the series including 24 boys and 20 girls. A disparity occurred in respect of defective eyesight, seven girls and only one boy being affected. On the other hand, infantile paralysis was limited entirely to the boys.

PREVENTION OF CRUELTY TO CHILDREN ACT.

The number of children of from 10 to 14 years of age who were licensed to perform at places licensed for public entertainment, was 35.

The number of children from 4 to 15 years of age who were granted exemptions, permitting them to perform in aid of charities at places licensed for the sale of intoxicating liquors or for public entertainment, was 94.

Night visits were made to all of these places of entertainment to see that the conditions of the licenses were complied with and the care and protection of the children satisfactory ; in some cases day visits were also made for the purpose of enquiries as to the children's education, &c.

EMPLOYMENT OF CHILDREN ACT.

Lists of children employed in shops were supplied by the Educational Department once during the year ; the total number of children employed was 1,023 ; of these :

346 were employed as errand boys to provision dealers, bakers, butchers, grocers, greengrocers and coal merchants.

180 in carrying parcels, &c., in other trades.

181 in the delivery of milk.

196 in the delivery of newspapers.

120 in housework or the minding of babies.

195 notices and extracts from the Bye-laws were sent to employers in those cases in which the children were shewn to be employed contrary to the Bye-laws ; 52 letters were received in reply, most of them asking for some relaxation of the Bye-laws, owing to the exceptional times. Many employers and parents called at the office and made the same request personally.

In cases where some slight relaxation was not likely to be injurious to the child's health or education, this has been allowed, but it has been found necessary to be firm with employers of boys in the heavy goods trades, as the tendency is to give children work to do which was formerly done by youths. In connection with this carrying of heavy weights, a table has been prepared, showing the average weight of children at certain ages and

the amount that they should carry, based on the principle that a boy should carry not more than one-third of his body weight, and a girl not more than one-fifth.

This works out that a boy of 11 years could carry ...				22 lbs.
	12	„	„	... 24 „
	13	„	„	... 26 „
A girl of	11	„	„	... 13 „
	12	„	„	... 15 „
	13	„	„	... 16 „

There is still the problem of how much a child should lift or move, as by pushing a barrow, &c., this must always be determined by circumstances, such as whether it is uphill or level ground, and the physical condition of the child.

The names of 68 children exempted from school attendance before reaching the age of 14 years have been communicated to me by the Educational Authorities ; this is a new departure due to the war.

Schoolmasters complain that some boys employed out of school hours fall asleep over their lessons, and attribute this to such employment. It should be pointed out that there are other contributory causes ; parents frequently allow their children to be up too late at night. Whilst both parents and children in the country retire to rest at an early hour, town children and their parents often do not go to bed until ten o'clock or after. In these circumstances, if a child has to rise in the morning at 6.30 or 7 a.m. he cannot have had sufficient sleep. This affords one argument for stopping the attendance of children at cinema or other theatres after 8.30 p.m., and advising the heads of boys' and girls' organisations, choir masters, &c., not to detain children later than 9 p.m.

MEDICAL INSPECTION IN SECONDARY SCHOOLS.

This has been carried out as in former years, the heights and weights of the children being taken by the Gymnastic Master and Mistress, who also conduct a preliminary examination of the eyesight, the children apparently defective in this respect being examined by the Senior School Doctor, who arranges for the notification of the parents in suitable cases.